

Account Closure Request Form



Date: _____

To whom it may concern:

I am writing to request the closure of my account at your bank. Please close the following account(s) and issue a cashiers check for the balance and forward to me at the address below.

Printed Name on Account:

Mailing Address: _____

Account Number(s): _____

Thank you for your cooperation and service!

Signature: _____ Date: _____

Signature: _____ Date: _____

**Use Second signature line if account requires 2 signatures

Please contact me at: _____ if you have any questions.