

STEP 5

Existing Account Closing Form

Date:

Financial Institution Name:

Financial Institution Address:

To Whom It May Concern:

This letter serves as a request to close account number . Please send a check for the remaining balance to the address below. If you have any questions, please contact me at.

Thank you,

Owner Signature

Printed Name

Date

Joint Owner Signature

Printed Name

Date

Mailing Address:

Name:

Address: