



# Account Closing Request Form:

TO: \_\_\_\_\_  
(bank, credit union, ect)

FROM: \_\_\_\_\_ (primary account holder) \_\_\_\_\_ (secondary account holder)

Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state, zip)

**Please close the following account(s):**

Account #:	_____	Checking:	___	Savings:	___	MMA:	___	Other:	___
Account #:	_____	Checking:	___	Savings:	___	MMA:	___	Other:	___
Account #:	_____	Checking:	___	Savings:	___	MMA:	___	Other:	___
Account #:	_____	Checking:	___	Savings:	___	MMA:	___	Other:	___

**Please send any remaining funds in these accounts to:**

\_\_\_ the address shown above    \_\_\_ the following address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city)

\_\_\_\_\_  
(state, zip)

Primary account holder signature: \_\_\_\_\_

Secondary account holder signature: \_\_\_\_\_

Date: \_\_\_\_\_