

CLOSE ACCOUNT REQUEST FORM

Please close my account.

Date

Bank name

Address

City State Zip

To Whom It May Concern:

Please close the account(s) noted below, mail the balance and any interest, and a confirmation of account closure to the address listed below:

Checking Account

Savings Account

Money Market Account

Certificate of Deposit

Account Number

_____ Maturity Date _____

Please close my CD immediately. I understand there may be penalties for withdrawing before the maturity date.

Please close my CD upon maturity.

If you have any questions regarding this request please contact me.

Sincerely,

Account Holder's Signature

Print Name

Address

City State Zip

Phone Number

Day

Evening