



Account Closure Letter

Date

Financial Institution

Address

City, State, Zip

To Whom It May Concern:

This letter is to request that account number _____ be closed and a check for the remaining balance be sent to the address listed below. Please call me at (____) ____ - _____ when you receive this letter. I would like to be aware of when my account has been closed.

Thank you,

Signature

Print Name

Address

City, State, Zip