

Account Closing Request

To _____

From _____

Re: Request to Close Accounts _____ Date _____

Please accept this letter as my written authorization to close the following account(s) at your financial institution. All of my transactions have cleared, and I have stopped all automatic debits and credits to my account.

Please close the following account(s):

Checking Account # _____

Authorized Signer _____

Authorized Signer _____

Checking Account # _____

Authorized Signer _____

Authorized Signer _____

Checking Account # _____

Authorized Signer _____

Authorized Signer _____

Savings / Money Market Account # _____

Authorized Signer _____

Authorized Signer _____

Your prompt attention to this matter will be greatly appreciated.

Thank you.

Signature: _____

