

# Account Closing Request

To:

From:

Address:

**Please close the following accounts with your institution:**

Account #	<input type="text"/>	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other	<input type="text"/>
Account #	<input type="text"/>	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other	<input type="text"/>
Account #	<input type="text"/>	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other	<input type="text"/>
Account #	<input type="text"/>	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other	<input type="text"/>

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

The address shown above.       The following address:

Primary Account Holder Signature: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_

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