

# CHANGE REQUEST - CLOSE ACCOUNT

Today's Date \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

Please close my account number \_\_\_\_\_ and send a check for the remaining balance (if any) to the address below.

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at

(\_\_\_\_) \_\_\_\_\_ (phone number).

Thank you.

Signature \_\_\_\_\_

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Co-Signer Signature \_\_\_\_\_

Co-Signer Name (print) \_\_\_\_\_