

ACCOUNT CLOSING REQUEST FORM

NAME OF COMPANY:		DATE:
ADDRESS:		
CITY:	ST:	ZIP:

REQUEST TO CLOSE ACCOUNT(S)

Attention

This letter notifies you as my written authorization to close the following account(s) listed below. All outstanding transactions have cleared, and I have stopped all future debits and credits to my account(s). Please close the following account(s):

ACCOUNT NUMBER:
AUTHORIZED SIGNER:

ACCOUNT NUMBER:
AUTHORIZED SIGNER:

ACCOUNT NUMBER:
AUTHORIZED SIGNER:

Please issue a check for any remaining balance and send it to the following address:

CUSTOMER NAME:	TITLE:		
ADDRESS:		PHONE NUMBER:	
CITY:	ST:	ZIP:	