

ACCOUNT CLOSING LETTER

Date:				
Bank's Name:				
Address:				
City:	State:		Zip:	
Please close my account #balance to me at the address listed below.		, and ser	nd a check for th	ne remaining
If you have any questions about this reques	t, please cont	act me at ()	·
Thank you,				
Signature		_		
Name (please print)		_		
Address		-		
City, State, Zip		_		