

# Request to Close Account

Please complete this form and send it to your bank or other financial institution.

To (Previous Institution): \_\_\_\_\_

Previous Account Number: \_\_\_\_\_

Account Holder (Your Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize and instruct the named financial institution to close the account indicated and send a check for the total remaining balance to me at my address listed on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date