

ACCOUNT CLOSING REQUEST

To: _____
(Bank, Credit Union or Brokerage)

From: _____
(Primary Account Holder) (Secondary Account Holder, if joint account)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Please close the following account(s) with your institution:

- Account # _____ Checking Savings Money Market Other: _____
- Account # _____ Checking Savings Money Market Other: _____
- Account # _____ Checking Savings Money Market Other: _____
- Account # _____ Checking Savings Money Market Other: _____

Please send any balance remaining in these accounts to:

- The address shown above
- The following address: _____
(Street Address)

(City, State, Zip)

(Date) (Primary Account Holder Signature)

(Date) (Secondary Account Holder Signature, if joint account)