REFERENCE: ACCOUNT CLOSURE REQUEST

To Y	Who	m It	May	Conce	ern:

I am writing to inform you that I am closing my account(s) at your bank. Please close the following account(s) listed below.

ACCOUNT TYPE	ACCOUNT NUMBER

This letter also confirms that I have deactivated all automatic recurring transactions on my account. Upon closure, please send a check payable to me for the remaining balance(s) and a confirmation of the account.

If you have any questions regarding this request, please contact me directly. Thank you for your prompt attention to this matter.

Sincerely,	
Authorized Signature	Cosigner Signature (if applicable)
Printed Name	Cosigner Printed Name
Address	Address
Telephone Number	Telephone Number
Email	Email
Date	 Date