



Account Closure Request Form

| | |
|-----------------|--|
| Date | |
| Bank Name | |
| Address | |
| City/State/Zip | |
| Phone | |
| Company Address | |
| City/State/Zip | |

Please close the following accounts:

| | | | |
|--------------|--|----------------|--|
| Account Name | | Account Number | |
| Account Name | | Account Number | |

Please send a check for the balance remaining to the address below:

| | |
|----------------|--|
| Address | |
| City/State/Zip | |
| Phone | |

| | |
|-----------|--|
| Signature | |
| Name | |

**Please contact me if you have any question about this request.
Thank you.**