



Account Closing Form

Directions for Customer Use:

- Use the following form to notify your former bank that you are closing your account and would like to receive a check for any remaining balance.
- If you have an account at more than one bank or financial institution, complete a form for each.
- It may take more than one statement cycle for your request to be processed.
- **Please complete, sign, and submit this form to the appropriate bank or financial institution.**

First Name (primary account holder) Middle Name Last Name (primary account holder)

First Name (secondary account holder) Middle Name Last Name (secondary acct holder)

Address City State Zip

Account #: _____ Type of Account: Checking Savings Other*

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***NOTE: IRAs and investment accounts often require additional documentation. Contact your former bank for details specific to the account**

Name of Bank where account is held: _____

Address City State Zip

EFFECTIVE IMMEDIATELY: Please close the above account(s) with your institution. Please send any funds remaining in these accounts to my attention at:

Address shown above

The following address: _____

Thank you for your prompt attention to this request.

Signature (required)

Date

Telephone Number

- **The bank or financial institution may require you to complete additional forms in order to close out account(s)**