

# Existing Account Closure Form

Attention: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Fax Number: \_\_\_\_\_

*Dear Sir or Madam,*

*Please close my account(s) described below effective as indicated. Please forward any remaining funds in the account by check to the address provided below.*

Type of Account	Account Number
Checking	
Checking	
Savings	
Money Market	
CD/IRA	
Brokerage	
Other _____	

Effective close date: \_\_\_\_\_

*If you have any questions about this request, please contact me at: (\_\_\_\_) \_\_\_\_\_*

*Otherwise, send any remaining funds to:*

\_\_\_\_\_  
Customer Street Address

\_\_\_\_\_  
City, State, Zip Code

*Thank you for your prompt attention to this matter.*

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Date