



To close accounts, please mail this form to your former financial institution. Please understand that they may require additional forms.

Account Closure Request *

Please consider this an official notice to close my account(s) with your institution. Please close account(s):

and send a check for the remaining balance to me at the address below.

I understand that I will need to make sure that all checks, automatic debits and other transactions have cleared before completely closing my account(s). I have already made arrangements to switch my automatic debits and automatic deposits.

If you have any questions about this request, please contact me using my personal information below:

Signature Date

Name (Please Print)

Address

City, State, ZIP

Daytime Phone

Co-signer Signature Date

Co-signer Name (Please Print)

Please attach a voided check or deposit slip.

*You must personally contact your former financial institution to ensure your request is being accepted. Your former financial institution may require additional forms and/or information to complete your request to close your account(s).