

Account Closing Request



Date:	
To:	
From:	
RE:	REQUEST TO CLOSE ACCOUNTS
To whom it	may concern,
	ept this letter as my written authorization to close the following account(s) at your financial All of my transactions have cleared, and I have stopped all automatic debits and credits to t.
Please clos	e the following account(s):
Checking A Authorized	
Signature:	X
Savings/Money Market Account # Authorized Signer:	
Signature:	X
Please issue a check for any remaining balances and send it to the following address:	
Your prompt Thank you.	ot attention to this matter will be greatly appreciated.
Custoffici	ng natar c