

Account Closing Form

Date:

To Whom It May Concern:

Please close my account, described below.

Name (s) on Account

Social Security Number

Account Number

Type of Account

Maturity Date (if applicable)

Prepare a Cashier's Check for the balance in full (plus any accrued interest). Issue and mail the Cashier's Check to the party listed below.

Name

Address

City, State, Zip Code

Thank you in advance for your prompt attention in this matter.

Sincerely,

Customer Signature

Date

Joint Account holder Signature

Date