

CLOSE CHECKING ACCOUNT REQUEST

Date: _____

Bank Name: _____

Address: _____

Please close checking account
_____ and send a check for the remaining balance to
me at the address below:

Signature: _____

Print Name: _____

SSN: _____

Birthdate: _____

Phone #: _____

Address: _____

Co-signer signature: _____

Print Name: _____

Mail this completed form to your existing bank
where your account is being closed.