



Close Account Form

Effective Date: _____

Financial Institution's Name: _____

Address : _____

City: _____ State: _____ Zip: _____

To whom it may concern:

Please close my account _____, and send a check for the remaining
(account number)

balance to me at the address listed below. If you have any questions about this request, please contact me at:

Phone Number: _____ **Best Time to Call:** _____

Thank you.

Sincerely,

Member Signature: _____

Name (please print): _____

Co-signer Signature: _____

Co-signer Name (please print): _____

Address : _____

City: _____ **State:** _____ **Zip:** _____