

Checking Account Closing Form

To Whom It May Concern:

Please accept this form as a formal request to close my account. Please send a check for the remaining balance from my account(s), including interest accrued (if applicable), to me at my address on file.

Name(s) on the account: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Checking account # to be closed: _____

Please close my account effective: _____
Date

Primary Account Owner's Signature: _____ Date: _____

Joint Account Owner's Signature: _____ Date: _____