Account Closure Notification

| Date: | |
|--------------------------------|--|
| To: | |
| Bank Name | |
| Bank Address/City/State/Zip | |
| From: | |
| From:Customer Name | |
| To Whom It May Concern: | |
| Please close my account # | in the name of |
| | and send a check for the remaining |
| balance to my address: | |
| | (Mailing Address) |
| | (City/State/Zip) |
| If you have any questions abou | t this request, please contact me at the following |
| phone number: | |
| Sincerely, | |
| Signature (Customer) | Signature (Co-Signer-if applicable) |
| Name (please print) | Name (Co-Signer-if applicable-please print) |