

Request to Close My Account

To: _____ (Financial Institution)

Please accept this as my written authorization to close the following account at your financial institution. All of my transactions have cleared and all ACH debit and credits have been stopped. Please send the remaining balance to my address below.

Account Number(s): _____

Account Owner: _____

Address: _____ City: _____ State: ____ Zip: _____

Authorized Signature: _____