

Account Closure Form

Complete and sign this form (make sure to include any joint owners and their signature) and return it to your old bank in order to close your account(s) there and receive disbursement of any remaining funds.

To whom it may concern:
Please close the account(s) below.

LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN
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STREET ADDRESS			
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CITY	STATE	ZIP
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WORK PHONE	HOME PHONE	MOBILE PHONE
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LAST NAME	FIRST NAME	MIDDLE INITIAL	SSN
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STREET ADDRESS			
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CITY	STATE	ZIP
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WORK PHONE	HOME PHONE	MOBILE PHONE
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ACCOUNT(S) TO CLOSE

ACCOUNT NUMBER	ACCOUNT TYPE
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ACCOUNT NUMBER	ACCOUNT TYPE
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ACCOUNT NUMBER	ACCOUNT TYPE
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ACCOUNT NUMBER	ACCOUNT TYPE
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Please send a check to the address provided with any remaining funds. If there will be a penalty or fee, or if there are additional questions regarding these accounts, please contact me at the number provided.

SIGNATURE	DATE
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SIGNATURE	DATE
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Please submit this to your current financial institution.