

Closed Account Request

Date:

Company:

Address:

City, State, Zip:

To whom it may concern:

**This letter serves as a request to close
account # _____**

Please send me a check for the remaining balance to the address below:

Date:

Company:

Address:

City, State, Zip:

Signature:

Name: (Please Print)

Joint Owner Signature:

Joint Owner Name: (Please Print)

