

# Existing Account Closing Form



Complete this form and return it  
To your old bank.

To Whom It May Concern:

Please close my account described below and mail me  
a check for the remaining balance in the account (plus  
any interest accrued, if applicable) to the address  
indicated below.

\_\_\_\_\_  
NAME(S) ON ACCOUNT

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
TYPE OF ACCOUNT

Prepare a cashier's check for the balance of my account  
payable to:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

Thank you for your prompt attention to this matter.

Sincerely,

\_\_\_\_\_  
CUSTOMER SIGNATURE DATE

\_\_\_\_\_  
JOINT ACCOUNT HOLDER SIGNATURE DATE

One form should be used for each request  
Please make additional copies as needed