

# Account Closing Form

Please use this form to notify a company of your request to close your account.  
Complete one form for each account to be closed.



To:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Account Number

Please close my account immediately and mail the remaining funds to me in the form of a check. Should you have any questions regarding this matter, please contact me at the phone number below. If you are unable to accept this form, please mail your authorized form to me at the address below. Thank you for your immediate attention to this matter.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date