

# Account Closing Request

Complete this form and submit it to your other financial institution to close your accounts and transfer funds. **Note:** Some institutions may require additional information.



Date:

To:

From:

RE: **Request to Close Accounts**

To whom it may concern,

Please accept this letter as my written authorization to close the following account(s) at your financial institution. All of my transactions have cleared, and I have stopped all automatic debits and credits to my account.

Please close the following account(s):

Checking Account #:

Authorized Signer:

Signature: X \_\_\_\_\_

Savings/Money Market Account #:

Authorized Signer:

Signature: X \_\_\_\_\_

Please issue a cashier's check for any remaining balances and send it to the following address:

Your prompt attention to this matter will be greatly appreciated. Thank you.