

# Close Account

Date		Financial Institution Name			
Address					
City		State		Zip	
<p>To Whom It May Concern:</p> <p>Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below. If you have any questions about this request, please contact me during the _____ Day or _____ Evening (select one) at _____ (phone number).</p> <p>Thank you. Sincerely,</p>					
Signature			Co-Signer Signature		
Name (print)			Co-Signer Name (print)		
Address					
City		State		Zip	