

Account Closing Authorization

Bank Name: _____

Bank Address: _____

To Whom It May Concern:

Please close the following account(s) with your bank and issue me a check for the remaining balance to my address.

If you have any questions, please contact me at the information below. I appreciate your help and promptness in this matter.

Account Number	Account Type

Name(s) on Account: _____

Address: _____

Phone: _____

Last 4 Digits of Primary Account Holder SSN #: _____

Sincerely,

Signature

Date

Signature

Date

