

Please Close My Account.

Date

Bank name

Address

_____ *City* _____ *State* _____ *Zip*

To Whom It May Concern:

Please close the account(s) noted below, mail the balance and any interest, and a confirmation of account closure to the address listed below:

Account Number

_____	Checking Account	_____
_____	Savings Account	_____
_____	Money Market Account	_____
_____	Certificate of Deposit	_____

_____ Please close my CD immediately. I understand there may be penalties for early withdrawal.

_____ Please close my CD upon maturity.

If you have any questions regarding this request please contact me.

Sincerely,

Customer Signature

Address

Print Name

_____ *City* _____ *State* _____ *Zip*

Email Address

Phone Number