

Account Closing Request

Please close the following account(s) with your institution:

Account #: _____ Account holder(s): _____

Account #: _____ Account holder's SSN: _____

Account #: _____ Account holder(s) address: _____

Account #: _____ _____

Account #: _____ _____

The following items on account #: _____ are outstanding at this time:

Amount: _____ Description: _____

Amount: _____ Description: _____

Amount: _____ Description: _____

I have opened a checking account at: _____

Financial institution address: _____

New account #: _____ ABA Routing #: _____

Once all pending charges have cleared my accounts, please send any remaining funds to:

Account holder's address * My new account at _____ **

Signature: _____ Date: _____

Printed name: _____

Phone number(s): _____ E-mail: _____



* Funds will be sent by cashier's check, free of charge.

** Funds will be sent by wire transfer, and will be subject to applicable fees plus sales tax.