

# Account Closing Letter

Current Account Number

Customer Name

Date

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 currently scheduled debits and credits to my account.

Account Type (Checking, Savings, Debit Card)	Account or Card Number

Please forward remaining funds to me at the following address:

Street Address

City

State

Zip

If you have questions about this request, please contact me at:

Phone number

Thank you.

Sincerely,

Authorized Signature

Co-Signer Signature (if applicable)

Printed Name

Co-Signer Printed Name (if applicable)

Title

Title

Date

Date