
(Date)

To: _____

(Financial Institution Name & Mailing Address)

Subject: **ACCOUNT CLOSURE NOTIFICATION**

RE: _____
(Primary Account Holder Name) (If applicable, Co-Account Holder Name)

To Whom It May Concern:

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

(Account Number) ☐ Checking ☐ Savings ☐ Money Market ☐ Other

(Account Number) ☐ Checking ☐ Savings ☐ Money Market ☐ Other

(Account Number) ☐ Checking ☐ Savings ☐ Money Market ☐ Other

(Account Number) ☐ Checking ☐ Savings ☐ Money Market ☐ Other

Please send any funds remaining in this account as well as any additional documents required to close my account(s) to the following address:

(Account Holder name & mailing address)

Sincerely,

(Account Holder signature)

(If applicable Co-Account Holder signature)