Notice to Close Account		
Date		
Financial Institution Name (Attn: Customer Services Depar	rtment)	
Address		
City	State	Zip Code
Dear Sir or Madam:		
I have recently changed financial institutions and would like to close the account below immediately.		
		e - 2
Account Number		
Name(s) on the Account		,
Please forward all remaining funds to me at the following address:		
Address		
City	State	Zip Code
If you have any questions, please call me at:		
Thank you.		
Sincerely,		
Signature		
Joint Account Holder Signature		

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