

Closing Your Existing Checking Account Letter



Date

Financial Institution Name

Street Address

City State Zip

RE: _____
Member Name

Account Number

Member Address

Member Phone Number

City State Zip

Social Security Number

Dear Sir or Madam:

I hereby request that my Checking/Savings/Money Market/Certificate of Deposit/Other (circle one) be closed, effective immediately. Please forward a cashier's check representing the closing balance to me at the address listed above.

If this form is not sufficient to authorize the closure of my account, please forward the appropriate authorized form to the address listed above for my signature.

Thank you for your assistance in this matter.

Customer Signature

Joint Account Holder (if required)

Date

Date

Note: Confirm all identified pending transactions have cleared. Complete and send a copy of this for each account being closed. Copy each original for member file.