

Please close my account.

Date

Bank name

Address

City State Zip

To Whom It May Concern:

Please close the account(s) noted below, mail the balance and any interest, and a confirmation of account closure to the address listed below:

Account Number

Checking Account _____

Savings Account _____

Money Market Account _____

Certificate of Deposit _____ Maturity Date _____

Please close my CD immediately. I understand there may be penalties for withdrawing before the maturity date.

Please close my CD upon maturity.

If you have any questions regarding this request please contact me.

Sincerely,

Account Holder's Signature

Print Name

Address

City State Zip

Phone Number Day Evening