

Bank Name					
Address			ACCOU	INT CLOSING R	REQUEST
City	State	Zip			
RE: Close My Attention: A	y Accounts Account Maint	enance			
	form you that I am clo the remaining balance		at your bank. Please clos	e the following account(s) listed below and
	uestions regarding th ur prompt assistance		ontact me by mail or call	me at the phone number	r listed below.
Sincerely,					
 Authorized Signatu	ure		ate		
ACCOUNT IN	IFORMATION				
NAME			I	l	
ADDRESS			CITY	STATE	ZIP
PHONE ODAY P	PHONE OEVENING P	HONE			
ACCOUNT #1			ACCOUNT #2		
ACCOUNT #3			ACCOUNT #4		

Loyal to you, your family, and your future.









