Account closing letter

Current Account Number

Customer Name Date

To whom it may concern:

Please accept this letter as my written authorization to close the following account(s) at your financial institution. All of my transactions have cleared and I have stopped all currently scheduled debits and credits to my account.

Account type:

Checking

Debit Card

Savings

Account or Card Number

Please forward remaining funds to me at the following address:

Street Address

City State Zip

If you have questions about this request, please contact me at:

Phone number

Thank you.

Sincerely,

Authorized Signature Co-Signer Signature (if applicable) Printed Name Co-Signer Printed Name (if applicable) Title Title Date Date