

# Form 3

## Please close my account.

\_\_\_\_\_

Date

\_\_\_\_\_

Bank Name

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/ZIP

## To whom it may concern:

Please close the following account number:

\_\_\_\_\_

and send a check for the balance remaining to the address below.

If you have any questions about this request, please call me. Thank you.

\_\_\_\_\_

Name (please print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Co-signer Name (please print)

\_\_\_\_\_

Co-signer Signature

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, ZIP

\_\_\_\_\_

Telephone: Day / Evening (circle one)