CLOSE ACCOUNT

	Effective Date
Financial Institution's Name	
Address	
City	State Zip
To whom it may concern:	
Please close my account	(account number), and send a check for the
	ddress listed below. If you have any questions about this
request, please contact me at:	
Phone Number	Best Time to Call
Thank you.	
Sincerely,	
Signature	Co-Signer Signature
Name (please print)	Co-Signer Name (please print)
City	State Zip



