## PLEASE CLOSE MY ACCOUNT

DATE			
BANK/CREDIT UNION			
ADDRESS			
CITY		STATE	ZIP
TO WHOM IT MAY CON	CERN:		
Please close the following account #			and send a check for
the remaining balance to	the address b	elow. (Also close Debit/	ATM card, if applicable.)
ACCOUNT TYPE BEING CLOSED	: 🗆 SAVINGS		
If you have any question	s about this re	quest, please don't hesi	tate to call. Thank you.
Phone	DAY / EVE	NING (circle one)	
Sincerely,			
SIGNATURE			DATE
NAME (PLEASE PRINT)			
ADDRESS			
CITY		STATE	ZIP