

CLOSE ACCOUNT REQUEST FORM

Bank/Other Financial Institution Name _____

Address _____

City _____

State _____

Zip _____

To Whom It May Concern:

Please accept this letter as authorization to close account # _____ at your institution and send a check for the remaining balance to my address below. If you have any questions, please contact me at _____.

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Thank you.

Owner Signature _____

Printed Name _____

Date _____

Joint Owner Signature _____

Printed Name _____

Date _____

Mailing Address

Name: _____

Address: _____



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