Easy SwitchKit

Request to Close Account

Complete this form to close out your accounts at another financial institution and request a check for the remaining balance.

Date: _____

To *(Financial Institution)*: _____

Address: _____

_____

City, State, Zip: _____

Dear *(Financial Institution)*: _____

I have recently changed banks and need to close the following accounts with your institution. Below you will find any personal information you may need to aid in this process.

Primary Account Holder Name: _____

Secondary Account Holder Name: _____

Address: _____

City, State, Zip: _____

Please close the accounts listed below as soon as possible.

	Checking	Savings	Money Market	Other
Account Number: _____	○	○	○	○
Account Number: _____	○	○	○	○
Account Number: _____	○	○	○	○
Account Number: _____	○	○	○	○

Please send a check in the amount of my account balance plus any accrued interest to my attention at the address on file. If you have any questions regarding this change, please call me on my daytime phone number: _____

Sincerely,

Primary Account Holder Signature: _____

Name: _____

Secondary Account Holder Signature: _____

Name: _____

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Your Community. Your Values. Your Bank.