

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 c	close the following accor	unts with your inst	titution. Below you will I fir	nd any personal
information you may need to aid in this proce	ess.			
Primary Account Holder Nome:				
Secondary Account Holder Nome:				
Address:	_			
City, State, Zip:				
Please close the accounts listed below a	as soon as possible			
	Checking	Savings	Money Market	Other
Account Number:		J	,	
Account Number:				
Account Number:				
Account Number:				
Please send a check in the amount of my acc questions regarding this change, please call			my attention at the addre	ess on file. If you have any
Sincerely,				
Primary Account Holder Signature:				
Name:		_		
Secondary Account Holder Signature:				
Namo:				