

Account Closure Request

Bank Name

Address 1

Address 2

City State Zip

To whom it may concern:

I _____ would like to close my bank accounts at _____.

The account numbers to be closed are: _____ & _____.

Please send a cashier's check of any additional funds to:

Address 1

Address 2

City State Zip

If you have any questions, please contact me.

Sincerely,

Member Name: _____

Member Phone Number: (____) _____

Member Email: _____

<Notary Stamp Seal>