

FORM C. Account Closing Letter



Use this form to inform your old bank of your wish to close your old account, after your checks and debit card transactions have cleared and you've changed your automatic deposits and payments.

*Helpful Tip: Once you have made your initial deposit to open your new account, please allow a statement cycle for the outstanding items to clear your old account.

Enter your old financial institution's information:

Institution Name _____

Address _____

City _____ State _____ Zip Code _____

To Whom It May Concern,
Please accept this letter as authorization and close my account(s) listed below with your institution. Please issue a cashier's check in my name for the remaining balance(s) along with all accrued interest (if applicable).

ACCOUNT TYPE	ACCOUNT NUMBER	NAME(S) OF ACCOUNT OWNER
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have any questions about this request, please call me. Thank you.

Please send all closing balances to:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Social Security Number _____

Print Name _____ Signature _____ Date _____