

PLEASE CLOSE MY ACCOUNT

TODAY'S DATE

BANK/CREDIT UNION

ADDRESS

CITY

STATE

ZIP

TO WHOM IT MAY CONCERN:

Please close the following account # _____
and send a check for the remaining balance to the address below. (Also
close Debit/ATM card, if applicable.)

ACCOUNT TYPE BEING CLOSED: ☐ SAVINGS ☐ CHECKING

☐ Other _____

If you have any questions about this request, please don't hesitate to call.

Phone _____ DAY / EVENING (circle one)

Sincerely,

SIGNATURE

DATE

NAME (PLEASE PRINT)

ADDRESS

CITY

STATE

ZIP

(BE SURE TO KEEP A COPY OF THIS DOCUMENTATION FOR YOUR FILES.)



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