

# Account Closing Letter



## Easy Choice<sup>sm</sup> Switch Kit

*Complete this form and return it to the financial institution where the account you would like to close is located. One form should be used for each account.*

Financial Institution Name

Address

Attention: Account Maintenance

This letter is to inform you I am closing my account at your financial institution. Please close the following account(s) listed below and send a check for the remaining balance(s) to my address. Please contact me by mail or phone with any questions regarding this request. Thank you for your assistance in this matter.

Sincerely,

Authorized Signature (Required to authorize change)

Date

### Account Information

Name

Phone: Day / Evening (circle one)

Address

City/State/Zip

Savings Account Number

Checking Account Number