Switch Form – Close Account Request

Please present this form to your current financial institution.

For each request, you will need to complete a new form.

To whom it may	y concern:				
Please close the	e following account				
Account Number		Type of Account			
Account Number		Type of Account			
Account Number		Type of Ac	count		
Social Security I	Number:				
If additional info	ormation is needed	d, please call me	at: ()		
	ashier's (bank) chec		to:		
Name	······································				
Street		State	Zip		
Thank you for y	our prompt attenti	ion.			
Sincerely,					
Signature:				Date:	
laint Owner Sig	naturo			Data	