



Account Closing SoEasy Form

Send this to your former financial institution. They may require you to complete additional forms.

To:**From:**

Financial Institution Name

Member Name(s)

Financial Institution Address

Member Address

City State Zip

City State Zip

To Whom It May Concern:

Please close my following account(s) effective immediately, and send a check for the remaining balance to my address above.

I understand that all checks, automatic payments, and other transactions need to have cleared before completely closing my account(s). I have made arrangements to switch my automatic Direct Deposits and Payments.

Name on Account

Joint Name on Account

Account Number

Type of Account

Account Number

Type of Account

Account Number

Type of Account

Account Number

Type of Account

Thank you for your prompt attention to this matter.

Member Signature

Joint Signature

Member Name (Print)

Joint Name (Print)

Date

Date