



Switch Kit

Please close my account

DATE _____

BANK NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

To Whom It May Concern:

Please close the following account # _____ and send a check for the remaining balance to my address below.

If you have any questions about this request, please contact me as soon as possible at the following number. Thank you.

PHONE NUMBER _____

Sincerely,

SIGNATURE

CO-SIGNER SIGNATURE

NAME (PLEASE PRINT)

CO-SIGNER NAME (PLEASE PRINT)

ADDRESS

CITY _____ STATE _____ ZIP _____