

Business Account Closing Form

To:

Name

Current Bank

Current Bank Address

City, State, Zip Code

I would like to **close my existing account(s)** using the information below.

Account Information

Account Number	Checking	Savings
Account Number	Checking	Savings
Account Number	Checking	Savings
Account Number	Checking	Savings

All remaining balances should be sent to me at the address below.

Sincerely,

Business Name

Date

Customer Signature

Customer Name (printed)

Co-signer Signature

Co-signer Name (printed)

Customer Address

Customer Phone Number

City, State, Zip Code

Customer Email Address