

# PLEASE CLOSE MY ACCOUNT

Upon receipt, please close the following account, and send a check for the remaining balance and confirmation of account closure to the address below. If you have any questions, please contact me at the number below.

## CLOSED ACCOUNT INFORMATION

Checking Account  Savings Account

Financial Institution Name

Account #

## CUSTOMER INFORMATION

Day  
Evening

Name

Phone Number

Co-signer Name (if applicable)

Address, City, State, Zip

Sincerely,

Customer Signature

Date

Co-signer Signature (if applicable)

Date

This form may be notarized at any Honor branch prior to submitting to your financial institution for account closure.



**\*This completed form can be submitted to your previous financial institution.**