

Close Account Form

Financial Institution Name

Financial Institution Address

City, State, Zip Code

RE: Closing My Account(s)

To whom it may concern: I am closing my account(s) at your financial institution. Please close the following account(s) listed below and send a check for any remaining funds to my address below.

Thank you for your timely assistance in this matter. If you have any questions concerning this request, please contact me by phone at the number listed below.

Sincerely,

Authorized Signature (Original signature required)

Date

Joint Account Holder (Original signature required)

Date

Account Information

Name

Phone: Day/Evening

Address

City, State, Zip Code

Checking Account Numbers

Savings Account Numbers



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