

[Current Date]

[Bank Name]

[Bank Branch Address]

[City, State, Zip Code]

Subject: Request to Close Joint Checking Account #[Account Number]

To Whom It May Concern,

Please accept this formal request to close the personal checking account held jointly by the undersigned at [Bank Name].

Account Details:

Account Type: Checking

Account Number: [Full Account Number]

We have stopped all automated payments and direct deposits associated with this account. Please find the instructions for the remaining balance below:

Please issue a check for the remaining balance and mail it to the address listed below.

Please transfer the remaining balance to our other account: [Routing Number / Account Number].

Please send a written confirmation to both account holders once the closure is complete.

Sincerely,

[Primary Account Holder Signature]

[Printed Name]

[Phone Number]

[Mailing Address]

[Secondary Account Holder Signature]

[Printed Name]

[Phone Number]

[Mailing Address]