

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email]

[Date]

[Bank Name]  
[Bank Address]  
[City, State, Zip Code]

Subject: Request to Close Checking Account - [Account Number]

To Whom It May Concern,

Please accept this formal request to close my personal checking account ending in [Last 4 Digits of Account Number], effective immediately.

As of today, the account balance is zero. I have ensured that all outstanding checks have cleared and all automated payments or direct deposits have been canceled or transferred to another institution.

I request a written confirmation sent to my address on file stating that the account is closed and has a zero balance. If there are any final forms required to complete this process, please send them to me at your earliest convenience.

Thank you for your assistance with this matter.

Sincerely,

[Your Signature]

[Your Printed Name]