[Date]

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

RE: Notice of Account Closure for [Non-Profit Organization Name]

To Whom It May Concern,

Please accept this formal request to close the business checking account held at your institution by **[Non-Profit Organization Name]**. This decision was authorized by our Board of Directors on [Date of Board Meeting].

Account Details:
Account Name: [Exact Name on Account]
Account Number: [Account Number]
Tax ID (EIN): [EIN Number]

Please stop all pre-authorized withdrawals and deposits immediately. All checks issued against this account have cleared.

Distribution of Remaining Funds:
Please issue a cashier's check for the remaining balance, minus any applicable closing fees, made payable to **[Non-Profit Organization Name]**. Please mail the check to the following address:

[Mailing Address]
[City, State, Zip Code]

If you require further documentation or have questions, please contact me at [Phone Number] or [Email Address].

Thank you for your assistance.

Sincerely,

[Signature]
[Printed Name]
[Title/Office Held, e.g., Treasurer or President]