

Date: [Insert Date]

To: [Bank Name]

Branch Address: [Insert Branch Address]

City, State, Zip: [Insert City, State, Zip]

**Subject: Request to Close Joint Depository Accounts**

To Whom It May Concern,

Please accept this letter as a formal request to close the following joint accounts held at your institution:

- Account Type: [e.g., Checking/Savings] | Account Number: [Insert Account Number]
- Account Type: [e.g., Checking/Savings] | Account Number: [Insert Account Number]

Please disburse the remaining balance(s), including any accrued interest, by the following method:

Issue a check payable to both account holders and mail it to the address listed below.

Transfer the total balance to our other joint account at this institution: [Insert Account Number].

We have ensured that all outstanding checks have cleared and all automated recurring payments/deposits have been cancelled or moved. Please provide written confirmation once these accounts are officially closed.

Sincerely,

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[Signature - Primary Account Holder]

[Printed Name]

[Phone Number]

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[Signature - Secondary Account Holder]

[Printed Name]

[Phone Number]

Mailing Address for Final Documents:

[Street Address]

[City, State, Zip]