

Close Account Request Form

Financial Institutions Name: _____

Address: _____

City: _____ State: _____ Zip: _____

To Whom It May Concern:

Please accept this letter as authorization to close account number _____ at your institution and send a check for the remaining balance to me at my address below.

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

If you have any questions, please contact me at (_____)_____.

Thank you,

Owner's Signature _____

Printed Name _____ Date _____

Joint Owner's Signature _____

Printed Name _____ Date _____

Mailing Address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Office
24333 Lahser Road
Southfield, MI 48033

Fisher Building Office
3011 W. Grand Blvd., Ste. 103
Detroit, MI 48202

McNamara Building Office
477 Michigan Avenue., Mezzanine
Detroit, MI 48226

Warren Office
30800 Van Dyke, Ste. 101
Warren, MI 48093