Account Holder’s Name

Account Holder’s

Current Address

 Date

Financial Institution

Financial Institution

Address

 RE: Account Number:

 Date of Birth:

 Social Security Number or Protective Password:

 Mother’s Maiden Name:

 Address (if different from above):

Dear Customer Service Representative:

 Please furnish a written response confirming that the savings and checking account for the above-referenced account has been closed.

 If further information is requested, please do not hesitate to contact me at (provide phone and e-mail). Thank you for your prompt attention to this request.

 Sincerely,

 (your name)