



Closed Account Request

Date _____
Company _____
Address _____
City, State, Zip _____

To Whom It May Concern:

This letter serves as a request to close account # _____
Please send me a check for the remaining balance to the address below.

Name _____
Address _____
City, State, Zip _____
Signature _____

Name _____
Please Print

Co-signer Signature _____

Co-signer Name _____
Please Print



If you have questions, please contact our Customer Service Department at 405.579.7000 or email us at customerservice@bankfab.com