

DATE					
To:					
COMPANY NAM	ΛE				
COMPANY ADD	DRESS				
CITY		STATE	ZIP		
To Whom It May Co	ncern:				
Please close the foll remaining balance to			e with your instit	ution and send a	a check with the
Checking Account:	ACCOUNT NUMBER				
Checking Account:	ACCOUNT NUMBER				
Savings Account:	ACCOUNT NUMBER				
Savings Account:	ACCOUNT NUMBER				
Other Account:	ACCOUNT NUMBER				
Other Account:	ACCOUNT NUMBER				
Thank you for your p	prompt attention	to this matte	r. If you have ar	ny questions, ple	ase contact me at:
PHONE NUMBER		betwee	ר TIME (A.M./P.M.)	and	TIME (A.M./P.M.)
Sincerely,					
MEMBER SIGNATURE				DATE	
Member Name:			Joint Owner	:	
Address:			Address:		
			City, State Z	ίp:	
City, State Zip:					