PERENNIAL BANK

ACCOUNT CLOSING LETTER

Attention: (Enter your old financial institution's information here)

Name:

Address:

City: State: Zip Code:

To Whom It May Concern,

Please accept this letter as authorization and close my account(s) listed below with your institution. Please issue a cashier's check in my name for the remaining balance(s) along with all accrued interest (if applicable), and send it to the address you have on file.

Account Type	Account Number	Account Owner Name(s)

Account Owner Name(s):

Primary Account Owner Signature: Date:

Secondary Account Owner Signature: Date: