

Authorization to Close My Account Form

Former bank name

Former bank address

City/State

Zip

Closing My Account(s)

I have changed banks. Please immediately close the account(s) listed below.

Checking account number

Savings account number

Other account number

Other account number

Other account number

Please forward a check for remaining balance(s) to me at:

Name

Address

City/State

Zip

Thank you for your assistance.

Signature

Date