

Authorization to Close My Account

Please use this form to contact your current financial institution(s) to close your checking account(s), once your outstanding checks and/or automatic payments have cleared. Please make as many copies of this form as you need. You may also use it to close a savings account.

Date (Month, Day and Year):

Financial Institution Name:

Address:

City:

State:

Zip:

Effective ___/___/____, please close the following accounts:

Checking Account #:

Savings Account #:

Please send a check to me with the remaining balance and please mail to the address below. Thank you.

Accountholder Signature:

Full Name (please print):

Address:

City:

State:

Zip:

Daytime Phone #:

Cell Phone #:

Email Address: