



Authorization to Close Account Relationship

Complete this form and mail it to your former bank to notify them that you are closing your account and would like to receive a check for the remaining balance. Please allow time for direct deposits and/or checks that may already be in process and have not posted to your existing checking account. Print and complete a copy of this form for each checking account that you have at your existing bank.

Please close my checking/savings account at:

Name of former financial institution

Former account number

Name on account

Secondary name on account

Social Security Number

Please send a check payable to me/us for the remaining balance in the above described account directly to me/us at this address below:

Street

City, State, Zip Code

Signature(s)

Date

Signature(s)

Date