

Closing Account Authorization

Bank Name

Address

City

State

Zip Code

Please close the account(s) listed below and send a check for the remaining balances including any interest due to my address.

Thanks for your assistance.

Sincerely,

Name

Name

Address

Address

City

State

Zip Code

City

State

Zip Code

Signature

Date

Signature

Date

Account Information

Checking Account Number

Savings Account Number

Other Account Number

Account Type

Other Account Number

Account Type