



AUTHORIZATION TO CLOSE CHECKING ACCOUNT

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 or checks that may already be in process.

Print and complete a copy of this form for each checking account that you have at your existing bank.

Please close my checking account at:

Name of old Financial Institution: _____

Account Number: _____

Name on Account: _____

Secondary Name on Account: _____

Social Security Number: _____

Please send a check payable to [name on account as above] for the remaining balance in the above-described account directly to [name on account as above] at this address:

Address: _____

City: _____ State: _____ Zip Code: _____

Signature(s) _____ Date _____