



Authorization to Close Account

Complete this form and mail it to your former financial institution 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.

Please close my account at:

Name of Former Financial Institution: _____

Account Number: _____

Name on Account: _____

Secondary Name on Account: _____

SSN/TIN: _____

Please send a check payable for the remaining balance in the above account.

Address: _____

City, State, Zip Code: _____

Please establish direct deposit into my new BB&T account.

BB&T Routing Number: _____

BB&T Account Number: _____

I have enclosed a deposit slip to verify my new BB&T account number.

Signature: _____ Date: _____