

Close Your Old Account

Send this form to your old financial institution after you confirm all checks and automatic withdrawals have cleared.

REQUEST TO CLOSE ACCOUNT

Effective _____, I authorize _____ to close the following account(s):
Date Financial Institution

Account Number _____ Checking Savings Other

Account Number _____ Checking Savings Other

Account Number _____ Checking Savings Other

Signature _____ Date _____

Co-Signer Signature (if Joint Account) _____ Date _____

PLEASE SEND A CHECK FOR THE BALANCE TO ME AT THE ADDRESS BELOW

Name

Address

City, State, Zip

