

Authorization to Close Account

Current Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

With my authorization below, please close my account # _____ and send a check for the remaining balance to my attention to the address below. If anything additional is needed, please contact me at the phone number below.

Thank you for your assistance with this matter.

Signature

Date

Joint Signature

Date

Name (Please Print)

Joint Name (Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Submit