



Authorization to Close Account

This form allows you to notify your current financial institution that you wish to close your account.

Date

Financial Institution

Address City State Zip code

Please close the following account with your institution and issue a cashier's check in my name and mail it to my home. If this form is insufficient to close my account, please forward the required form for my signature.

Name(s) on account:

_____ Last four digits of Social Security number: _____

_____ Last four digits of Social Security number: _____

Account Number: _____

If you have any questions, please contact me at: (phone number) _____ Day Evening

Name

Signature (sign in the presence of a notary public)

Joint account holder name

Joint account holder signature (sign in the presence of a notary public)

Notary Public (If required by your financial institution)
(SEAL)

Signature _____

Notarized this _____ day of _____, 20 _____

County of _____

State of _____

Commission expires _____