

Notice to Close Account

Financial Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

To whom it may concern:

Please accept this notice as authorization to close account number: _____
and send me a check for the remaining balance to the address listed below.

If you have questions, call me at _____ (daytime) or _____ (evening).

I verify all outstanding checks, deposits and other transactions have cleared. I have already
made arrangements to switch any automatic deposits and/or withdrawals with this account.

Thank you,

Primary Owner Signature: _____ Date: _____

Joint Owner(s) Signature(s) (if applicable):

_____ Date: _____

_____ Date: _____

_____ Date: _____

This cancellation is authorized by:

Primary Account Owner (print name): _____

Address: _____

City: _____ State: _____ Zip: _____