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# Account Closure Authorization

Fill out this to authorize the closure of your account from a previous financial institution. Select how you would like to receive your remaining balance. Submit this form to the financial institution where you will be closing your account.

## Notification of Account Closure Authorization

To Whom it May Concern,

**Financial institution**

**Address**

**City, State, Zip**

Please close my account

**Account #**

**Primary Owner**

**Address**

**City, State, Zip**

Please send the remaining balance to:

Please indicate if the remaining balance should be deposited electronically (if available) or have a check forwarded to your mailing address.

**Please deposit my check to my account listed below.**

ABA / Routing #

Account #

**Please mail my check to my address listed below.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name**

**Address**

**City, State, Zip**

**Phone Number**

