

Account Closure Authorization

Date

Financial Institution

Address

City,State,Zip

To whom it may concern:

I have switched financial institutions and wish to have my accounts with your institution closed effective (date)

Account Type	<input type="text"/>	Account #	<input type="text"/>
--------------	----------------------	-----------	----------------------

Account Type	<input type="text"/>	Account #	<input type="text"/>
--------------	----------------------	-----------	----------------------

Account Type	<input type="text"/>	Account #	<input type="text"/>
--------------	----------------------	-----------	----------------------

Account Type	<input type="text"/>	Account #	<input type="text"/>
--------------	----------------------	-----------	----------------------

Account Type	<input type="text"/>	Account #	<input type="text"/>
--------------	----------------------	-----------	----------------------

Account Type	<input type="text"/>	Account #	<input type="text"/>
--------------	----------------------	-----------	----------------------

Please send a check for any remaining balances to the address below. I will notify you if there is an address change prior to my final statement. I have made requests to stop direct deposit and automatic withdrawals from my accounts. Please contact me if you have any questions.

Name

Address

City,State,Zip

Phone