

Authorization for Account Closing

Please tab through fields to enter information.

Use this letter to notify your previous financial institution that you are closing your account and give them instructions for disbursement of any remaining funds. Please complete this form, print it out, and submit it to your financial institution(s).

To:

From:

Address:

Please close the following accounts with your institution:
(Enter your account number for each account you would like to close and select the type of account.)

Acct #	<input type="text"/>	Checking	Savings	Money Market	Other	<input type="text"/>
Acct #	<input type="text"/>	Checking	Savings	Money Market	Other	<input type="text"/>
Acct #	<input type="text"/>	Checking	Savings	Money Market	Other	<input type="text"/>
Acct #	<input type="text"/>	Checking	Savings	Money Market	Other	<input type="text"/>

Please send any remaining funds in these accounts to:

The address shown above.

The following address:

(Primary Account Holder Signature)

(Joint Account Holder Signature)

(Date)