



Account Closing Authorization

Effective Date: _____

Financial Institution Name

Mailing Address

City

State

Zip

To whom it may concern,

Please close my/our checking savings Money Market certificate of deposit account _____ (account number) and send a check for the balance in the account to me at the address listed below. If you have any questions about this request, please contact me at:

Daytime Phone Number

Evening Phone Number

Thank you.

Signature

Co-Signer's Signature

Name (Please print)

Co-Signer Name (Please print)

Mailing Address

City

State

Zip

