
ACCOUNT CLOSURE REQUEST

Use this form to close your account at your old financial institution. Be sure to:

- Confirm that all automatic deposits and payments have been re-directed to your new account.

Please close my account and send the remaining balance to the address listed at the bottom of this form. Should you have any questions, please contact me. Thank you.

Financial Institution Name: _____

Financial Institution Address: _____

City, State, Zip _____

Old Routing Number _____

Old Account Number _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Co-signer): _____ Date: _____

Address _____

City, State, Zip _____

Telephone Number _____