



Authorization to Close Account

In order to close out your account(s) at your current financial institution(s), please complete this Authorization to Close Account Form. Please feel free to print more copies of this form if necessary.

Please close the following account:

Name of financial institution:

Date of Account Closing:

Name (Signer 1):

Name (Signer 2):

Account Number:

Social Security Number (Signer 1):

Social Security Number (Signer 2):

Please send a check payable to me/us for the balance in the account listed above to the address that is on file.

Signature (Signer 1):

Signature (Signer 2):

Date: