

3. Authorization to Close Account

To:

Bank Name

Contact Name (if applicable)

Address

City, State, Zip

Please accept this letter as authorization to close the account(s) listed below.

Account
Number _____

Name(s) on
Account _____

Please send a check for the balances plus any accrued interest to the address you have on record. If you have any questions or if this form is not sufficient to complete this request, please contact me at:

Daytime Phone Number

All transactions have cleared the account(s) and all direct deposits and/or automatic payments have stopped. I hereby authorize the closure of my account(s) for the principal balance plus any accrued interest due.

Customer Signature

Date

Joint Account Holder Signature (if applicable)

Date