

Account Closure Authorization

Date	<input type="text"/>
Financial Institution	<input type="text"/>
Address	<input type="text"/>
City, State Zip	<input type="text"/>

To whom it may concern:

I have switched financial institutions and wish to have my accounts with your institution closed effective (date)

Account Type	<input type="text"/>	Account #	<input type="text"/>
Account Type	<input type="text"/>	Account #	<input type="text"/>
Account Type	<input type="text"/>	Account #	<input type="text"/>
Account Type	<input type="text"/>	Account #	<input type="text"/>
Account Type	<input type="text"/>	Account #	<input type="text"/>
Account Type	<input type="text"/>	Account #	<input type="text"/>

Please send a check for any remaining balances to the address below. I will notify you if there is an address change prior to my final statement. I have made requests to stop direct deposit and automatic withdrawals from my accounts. Please contact me if you have any questions.

Name	<input type="text"/>
Address	<input type="text"/>
City, State Zip	<input type="text"/>
Phone	<input type="text"/>