

# AUTHORIZATION TO CLOSE ACCOUNT



Use this form to notify your current financial institution that you wish to close your account.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

**Please close the following account with your institution and issue a cashier's check in my name and mail it to my home. If this form is insufficient to close my account, please forward the required form for my signature.**

**Name(s) on account:**

\_\_\_\_\_

Last four digits of Social Security number: \_\_\_\_\_

\_\_\_\_\_

Last four digits of Social Security number: \_\_\_\_\_

Account number: \_\_\_\_\_

**If you have any questions, please contact me at:** (phone number) \_\_\_\_\_

Day

Evening

Thank you.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature (sign in the presence of a notary public)

\_\_\_\_\_  
Joint account holder name

\_\_\_\_\_  
Joint account holder signature (sign in the presence of a notary public)

**Notary Public (If required by your financial institution)**

(SEAL)

Signature \_\_\_\_\_

Notarized this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

County of \_\_\_\_\_

State of \_\_\_\_\_

Commission expires \_\_\_\_\_