

Account Closure Form

Date:		
This notice serves as	s a request and authorization to close	e my account as designated below.
ACCOUNT INFORM	MATION	
Account Number:		
Check One:	☐ Checking ☐ Savings☐ Certificate of Deposit →	☐ Upon receipt ☐ At maturity
By signing this form form of a cashier's o		ning funds in my existing account in the
X Customer Signature		 Date
XCustomer Signature (joint signer)		Date
Please send confirm	ation of account closure and check to	me at the following address:
Name		SSN
Address		Phone Number
City, State, Zip Code		Alt. Phone Number