



Notice To Close Account

Financial Institution Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

To whom it may concern,

Please accept this notice as authorization to close account number(s):

If you have questions you can reach me via:

Phone: _____

Email: _____

I verify all outstanding checks and deposits have cleared. I have already made arrangements to switch any automatic deposits and/or withdrawals with this account. Please send the remaining balance to the address below.

This cancellation is authorized by (print name): _____

Owner Signature: _____ Date: _____

StreetAddress: _____

City: _____ State: _____ Zip: _____