

Notice To Close Checking Account

Financial Institution Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

To whom it may concern:

Please accept this notice as authorization to close checking account number: _____
and send me a check for the remaining balance to the address below.

If you have any questions you can reach me at my:

Home _____ Work Phone: _____

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.

Thank You,

Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____
(If Applicable)

This cancellation is authorized by:

Name (Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____