



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 # _____

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 Phone: _____ 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 Signature: _____ Date: _____
(if applicable)

This cancellation is authorized by:

Name *(print)*: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

