

Authorization to Close Customer Account

To:

Previous Financial Institution

Address

City

State

Zip

This is authorization to close my:

Type of Account

Account Number

I certify that there are no outstanding checks on this account. I understand that any checks received on this account will be returned "Account Closed".

If I have any direct payments (i.e. Social Security, IPERS, etc.) to this account, I understand that it is my responsibility to notify the proper parties of this action.

If I have any automatic payments debited to this account (i.e. utility bills, insurance premiums, etc.) it is my responsibility to notify the proper parties of this action.

All credit/debit items received for this account will be returned "Account Closed" effective immediately.

Signature of Customer

Date Signed

Name (please print)

Address

City

State

Zip

Telephone Number

Joint Signature

***On closing date, please send my remaining balance with a copy of this form to the address provided.
Your prompt attention to this request is appreciated.***

Member FDIC