



**Deposit Account
Closure Form**

Business Information:

Name of Financial Institution: _____

Account Title: _____

EIN/SSN: _____

Address: _____

Phone Number: _____

Account Number(s): _____

Authorization:

I hereby authorize the closure of my checking account and hereby state that all of my checks have cleared the account and all direct deposits and direct payments have been stopped.

Please mail the remaining balance in my above account to my attention at the above mailing address.

Authorized Signature: _____

Printed Name: _____

Date: _____

