



**Deposit Account  
Closure Form**

Personal Information:

Name of Financial Institution: \_\_\_\_\_

Account Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_

Date: \_\_\_\_\_

