



# Authorization Form to Close Your Old Account

Complete this form to give your former financial institution written authorization to close your old account(s) and to issue a Cashier's check for the remaining balance. **Some banks may require a different form or additional information.** This one can be used as a guideline. Additional copies are available on request.

## Company Information

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Please close my bank account(s).

I have recently changed banks and authorize you to close the bank account(s) listed below.

Name on Account: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type:  Checking  Savings

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## Please send all closing balances to the following.

Please issue a Cashier's check in my name for the remaining balance along with all accrued interest (if applicable).

My Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Authorization

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

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