



# Authorization to Close Account

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I am requesting that \_\_\_\_\_ close the following account(s). All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

Account Number:	Checking	Savings	Certificate
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Please mail the balance in the accounts, including any accrued interest, to my address of record:

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_

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Signature

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Date (mm/dd/yyyy)

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Signature (Joint Owner)

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Date (mm/dd/yyyy)