# Checking Account Closure Notice

Give this form to your previous bank to close the account.

Name: _____ Date: _____

Social Security Number: _____

Joint Owner (If Applicable): _____

Joint Owner Social Security Number (If Applicable): _____

## PREVIOUS FINANCIAL INSTITUTION

Name of Institution: _____

Account Number: _____

Street: _____

City: _____ State: _____ Zip: _____

**I hereby authorize you to close my account and mail additional funds to the address below effective ___ /___ /_____.**

Name: _____

Address: _____

Signature: _____ Date: _____