

Account Switch Kit – Account Closing Form

Use this form to **Close Your Account** at another banking institution and request a check for the remaining balance.

If there are multiple accounts involved please complete a form for each account.

Date:	
Please accept this as my authorization and dir	rection to close my account with your institution.
To:(Bank Name)	ACCOUNT NUMBER:
(Bank Address)	ACCOUNT NAME:
(City, State, Zip)	☐ Checking ☐ Savings ☐ Money Market (select one)
address on file. If, for any reason, you need a number:	count balance plus any accrued interest to my attention at the dditional information, please call me at the following phone Thank you for your assistance.
Sincerely,	
72	DATE:
(Customer Signature)	

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