

Authorization to Close Account **Switch Form**

Date: _____ Financial Institution: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

To Whom It May Concern:

Please close the following account(s):

- | | | | | |
|-------|-----------------------------------|----------------------------------|---------------------------------------|--------------------------------|
| _____ | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Other |
| _____ | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Other |
| _____ | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Other |
| _____ | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | <input type="checkbox"/> Money Market | <input type="checkbox"/> Other |

Please send any remaining funds in these account(s) to:

Name: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

X _____ X _____
Primary Account Holder Signature Date

X _____ X _____
Secondary Account Holder Signature Date