

# Authorization to Close Account

## Switch Form

\_\_\_\_\_

Date

Financial Institution

\_\_\_\_\_

Mailing Address

City

State

Zip

Phone

To Whom It May Concern:

Please close the following account(s):

\_\_\_\_\_

Account Number

Checking  Savings  Money Market  Other

\_\_\_\_\_

Account Number

Checking  Savings  Money Market  Other

\_\_\_\_\_

Account Number

Checking  Savings  Money Market  Other

\_\_\_\_\_

Account Number

Checking  Savings  Money Market  Other

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

\_\_\_\_\_

Name

\_\_\_\_\_

Mailing Address

City

State

Zip

Phone

X \_\_\_\_\_

Primary Account Holder Signature

Date

X \_\_\_\_\_

Secondary Account Holder Signature

Date



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