



Checking/Savings Account Closure Form

Once all of your outstanding payments and/or checks have cleared, please submit this form to your previous financial institution.

Financial Institution Name

Address

Member Information:

Name

Address

Phone Number

I hereby authorize the closure of my account effective

Closing Account Number(s):

I certify that all checks have cleared the account to be closed as well as all direct deposits and automatic payments have been stopped. By signing this form, I authorize you to close my existing accounts and release the remaining funds in my account in the form of a cashier's check payable to myself and mailed to my address on record.

Signature of Account Owner

Signature of Account Owner

Date