



FORM 4

Authorization to Close Account

Date: _____

To Whom It May Concern:

Please close the following account(s) and send a check for the remaining balance to the address at the bottom of this form:

Former Bank Name	Former Bank Routing #	Former Account #	Type of Account

Should you have any questions or concerns, please use the following contact information to reach me:

Printed Name Signature

Address City, State, Zip

Telephone Mobile Phone