

# Checking Switch Kit

## Authorization to Close Checking Account

To close out your checking account(s) at your current bank, please complete an *Authorization to Close Checking Account form* for each checking account, making copies of the form as necessary. Mail the completed form(s) to your current bank.

**Please close my checking account at:**

Name of financial institution (please print) \_\_\_\_\_

Effective date for the account closing \_\_\_\_\_

Account number \_\_\_\_\_

Name on account \_\_\_\_\_

Social Security Number \_\_\_\_\_

Secondary name on account \_\_\_\_\_

**Please send a check payable to me/us for the remaining balance in the above-described account to the address on file.**

Signature(s) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

