

Close Account(s) Form

Switch Kit

To whom it may concern:

Please close the following account(s) and any associated products or services to these account(s).

Bank Name: _____

Address: _____

City, State, Zip: _____

Account # _____ Account # _____

Account # _____ Account # _____

Please send a check with the remaining balance to the address listed below.

Primary Name (Please Print): _____

Signature: _____

Secondary Name (Please Print): _____

Signature: _____

My Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Date: _____

