

Financial Institution Name & Address

Account Information

Account Number	Account Type (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD - upon receipt <input type="checkbox"/> CD - at maturity
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Customer Information

Name	
Street Address	City, State, Zip

This notice serves as a request and authorization to close my account and transfer funds. By signing below, I authorize you to release the remaining funds in the form of a cashier's check made payable to the above customer.

Signature X	Date
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Please release check to: _____

Please mail to the following address:

Name: _____ Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____