

Checking

Send this form to the financial institution that has your current Savings/Checking Account.

Change Notice

Date _____

Financial Institution _____

Address _____

City, State, Zip _____

To Whom It May Concern

Please close my checking account #

_____ and send a check for the remaining balance to me at the address listed below.

Sincerely,

Signature _____

Name (please print) _____

Address _____

City, State, Zip _____

Telephone # () _____