

ACCOUNT CLOSURE REQUEST

Date: _____

To:

Financial Institution Name _____

Street Address _____

City _____

State _____

Zip _____

From:

Account Holder _____

Account Holder _____

Account Holder _____

Street Address _____

City _____

State _____

Zip _____

Daytime Phone _____

RE: Notification to Close Financial Institution Account

I hereby authorize the closure of my account:

Name on the Account: _____

Closing Account Number: _____

I certify that all checks have cleared the account to be closed as well as all direct deposits and automatic payments have been stopped. By signing this form, I authorize you to release the remaining funds in my existing account in the form of a cashier's check made out to my new account. Please mail the cashier's check to the address below:

Financial Institution: 1st Security Bank Routing #: 325182289 Account #: _____

1st Security Bank

PO Box 97000 - Lynnwood, WA 98046-9700

Primary Signature

Date

Joint Signature (if applicable)

Date

Joint Signature (if applicable)

Date