



# ACCOUNT CLOSING AUTHORIZATION FORM

Use this form to close your account at your former bank.

**COMPANY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

Please accept this authorization to close the following account:

**ACCOUNT #** \_\_\_\_\_

**NAME ON ACCOUNT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **CELL #** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please send a check for the remaining balance to the above address. For questions about this request, contact me directly.

22 James Street, PO Box 2023, Middletown, NY 10940

Tel: 845-343-1401 Fax: 845-343-1618

[www.ffsmid.com](http://www.ffsmid.com)

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