Close Account Authorization

Date: _____

To: _____

Address: _____

_____

Important notification:

Please close the following account(s) as of (date)_____ and send a check for the remaining balance to my address below:

Account number: _____

Account number: _____ (if applicable)

Account number: _____ (if applicable)

My mailing address:

_____

If you have any questions, please contact me via phone at: _____.
If you are unable to accept this form, please mail your authorized form to me at the address above.

Sincerely,

My signature:_____

My printed name: _____

Co-signer signature: _____ (if applicable)

Co-signer printed name: _____ (if applicable)

State of Florida
County of Monroe

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____,

by _____.

_____
Signature of Notary Public – State of Florida

_____
Name of Notary Public - typed, printed or stamped

(Notary Seal)

Personally Known _____ or Produced Identification _____

Type of Identification Produced_____