

4. ADB Easy Switch *Close Account Request Form*

Complete this form to close your previous bank account(s).

Previous Bank Information:

Bank/Financial Institution Name

Address

City

State

Zip

To Whom It May Concern:

Please accept this letter as authorization to close account # _____ at your institution and send a check to the address noted below with the remaining balance. If you have any questions, please contact me at _____
_____. I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already arranged to switch any automatic debits I have associated with this account. *Thank you.*

Owner Signature

Printed Name

Date

Joint Owner Signature

Printed Name

Date

Mailing Address:

Name

Address

City

State

Zip