1 CHECKING ACCOUNT CLOSURE NOTIFICATION

MOVERS & CHECKERS™

Date __ __ - __ __ - __ __

Social Security Number __ __ __ - __ __ - __ __ __ __

Name _____

Previous Financial Institution _____

Address _____

Previous Account # _____

New Financial Institution _____ New Account # _____

Address _____

Attention _____ Telephone __ __ __ - __ __ __ - __ __ __ __

I hereby authorize the closure of my account effective __ __ - __ __ - __ __

Signature _____