

Authorization to Close Accounts

Please close the following account(s) at:

Name of financial institution (please print)

Effective date for account closing:

Account number(s) to be closed:

Type of Account	Account Number	Names on account	ID Number(s)	Instructions
				<input type="checkbox"/> Disbursement of Funds is necessary*. <input type="checkbox"/> No Disbursement of Funds is necessary**.
				<input type="checkbox"/> Disbursement of Funds is necessary*. <input type="checkbox"/> No Disbursement of Funds is necessary**.
				<input type="checkbox"/> Disbursement of Funds is necessary*. <input type="checkbox"/> No Disbursement of Funds is necessary**.
				<input type="checkbox"/> Disbursement of Funds is necessary*. <input type="checkbox"/> No Disbursement of Funds is necessary**.

* Please send cheque(s) payable to me/us for the remaining balance in the above-described account(s) to the address on file.

** I either have a zero balance on my account or have deposited a cheque for the balance in my new bank.

Name of Customer Making Request

ID Number

Signature(s)

Date
