

CHECKING ACCOUNT CLOSURE NOTICE

Give this form to your previous bank
to close the account.

NAME _____ DATE _____

SOCIAL SECURITY NUMBER _____

JOINT OWNER (IF APPLICABLE) _____

JOINT OWNER SOCIAL SECURITY NUMBER (IF APPLICABLE) _____

PREVIOUS FINANCIAL INSTITUTION

NAME OF INSTITUTION _____

ACCOUNT NUMBER _____

STREET _____ CITY _____ STATE _____ ZIP _____

I HERBY AUTHORIZE YOU TO CLOSE MY ACCOUNT AND MAIL ADDITIONAL FUNDS TO THE
ADDRESS BELOW EFFECTIVE ____/____/____.

NAME _____

ADDRESS _____

SIGNATURE _____ DATE _____

QUESTIONS? | CALL 1.800.205.3464
VISIT FIRSTMERCHANTS.COM