

# Authorization to Close Account

Valid for Sixty (60) Days

**SECTION 1: ACCOUNT INFORMATION:**

Account Number Closing Date  
 Account Name  
 Reason for Closing Account

Have all automatic transfers/drafts/direct deposits been stopped?  Yes  No  
 Are any ATM or Debit card(s) issued on this account?  No  Yes \_\_\_ Cards Surrendered  
 Is this a Credit Card Merchant account?  No  Yes – Notify Credit Card Dept.  
 Does account have Internet Bill Pay or Cash Management?  No  Yes – Notify Internet Admin.  
 Does account have ODP/HOLEC protection?  No  Yes – Notify Loan Operations

**SECTION 2: ZERO BALANCE ACCOUNTS**

Has the account reached a zero balance with no outstanding items?  
 Yes – Complete Section 4  
 No – Complete Sections 3, 4 and 5

**SECTION 3: SPECIAL INSTRUCTIONS**

New Account Info  
 Account Officer  
 Special Instructions

(SEND COPY TO ACCOUNT OFFICER)

**Outstanding Checks:** Pay the following checks against the new account specified above.

Check No.	Amount	Payee	Check No.	Amount	Payee

**ACH/Draft Payments:** Honor the following items against the new account specified above:

Type	Maker	Date Due	Amount

**SECTION 4: AUTHORIZATION**

Customer Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

ID: \_\_\_\_\_

Bank Representative: \_\_\_\_\_

Branch: \_\_\_\_\_

**SECTION 5: CLOSING ENTRY**

Balance \$

Interest

Total \$

Closed Online { } Yes { } No

Disposition: