



## Level One Switch Kit

Account Closure Request Form

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

This notice serves as a request and authorization to close my account as designated below.

### ACCOUNT INFORMATION:

Account Number: \_\_\_\_\_

(Check One)  Checking  Savings  Certificate of Deposit: →  Upon receipt  
→  At maturity

By signing this form, I authorize you to release the remaining funds in my existing account in the form of a cashier's check made out to: \_\_\_\_\_

Please release the check to: \_\_\_\_\_  
(Name of the authorized person)

Customer Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature (Joint Signer): X \_\_\_\_\_ Date: \_\_\_\_\_

Please send receipt of account closure and check to me at the following address:

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternative Ph.# \_\_\_\_\_