



Close My Account

Use this form to close your account(s) at your previous financial institution. Once complete, mail or hand deliver it to your previous financial institution. Be sure that all outstanding checks and automatic payments have cleared your account(s) before closing. Transfer any remaining balance to your new Freedom account.

My Information

Name of previous financial institution

Name(s) on account(s)

Account owner address

City, State, Zip

I, _____, have recently changed financial institutions. Please close the account(s) listed
(your printed name)

below and send a check, including all accrued interest, to the address shown above.

Please close the following accounts:

Account # _____ Checking Savings Other

Account # _____ Checking Savings Other

Account # _____ Checking Savings Other

Account # _____ Checking Savings Other

Signature _____

Date ____/____/____

For Notary Use Only

State of _____

County of _____

On this ____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are signed on the preceding document, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

Signature of Notary

Date Commission Expires

