

FORM D: Notice to Close Accounts and Terminate Authority to Make Transfers

Institution Name & Address: _____

By this notice I/we close the following accounts at the Institution (identified above) and revoke any authority the Institution has to make transfers between my/or accounts:

Checking/Share Draft Savings/Share Savings

Account Number: _____

Checking/Share Draft Savings/Share Savings

Account Number: _____

Checking/Share Draft Savings/Share Savings

Account Number: _____

Checking/Share Draft Savings/Share Savings

Account Number: _____

All my/our checks/share drafts have cleared the listed accounts, and I/we have revoked all authorizations for direct deposits to and preauthorized payments from such accounts. The Institution shall send all account balances to me/us.

(Signature)

(Signature)

(Print Name)

(Date)

(Print Name)

(Date)

Submit the original to the Institution and retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.