

Notice To Close Account

Financial institution Name:

Street Address:

City:

State:

Zip:

To whom it may concern:

Please accept this notice as authorization to close account number(s):

Please send the remaining balance to the address below.

If you have questions you can reach me at my:

Phone:

Email:

I verify all outstanding checks and deposits have cleared. I have already made arrangements to switch any automatic deposits and/or withdrawals with this account.

This cancellation is authorized by:

Name (Print):

Owner Signature:

Date:

Joint Owner Signature:

Date:

Street Address:

City:

State:

Zip:



Highland Bank

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