

SWITCH TO RIDGEWOOD'S BETTER BANKING

Authorization to Close Account

Date

Bank's Name

Address

City

State

Zip

To Whom it may concern,

Please close the following account(s):

Checking Savings Money Market Other

Account Number

Checking Savings Money Market Other

Account Number

Checking Savings Money Market Other

Account Number

Please send a check to me at the address listed below for any remaining funds in the account(s). If you have any questions about this request, or if there will be a penalty or fee, please contact me during the Day/Evening (circle one) at () _____ - _____ phone number.

Thank you.

Sincerely,

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (please print)

Address

City

State

Zip

Instructions: Complete and sign this Authorization to Close Account Form and return it to your old bank. You should use this form to request that the account(s) you currently have at your former bank be closed and any remaining funds sent to you. Prior to closing your account(s), consult with your former bank to determine if there are any fees associated with closing your account(s). Remember to keep enough funds in your account until the last check has cleared.