

SWITCH KIT

CLOSE YOUR ACCOUNT

Use this form to close your account at another bank and request a check for the remaining balance.

- Use a separate form for each account.
- Verify that all checks and payments have cleared prior to closing your account.
- Verify that all direct deposits have switched to your Ridgewood account.

DATE: _____

TO: _____

Bank Name

Bank Address

City, State, Zip

FROM: _____

Name

Home Address

City, State, Zip

Please accept this as my authorization and direction to close my account with your institution.

_____ *Checking* *Savings* *CD* *Money Market (select one)*
Account Number

Please send a check in the amount of my account balance plus any accrued interest to my attention at the address on file.

If you have any questions or need additional information, please contact me at _____.
Please provide confirmation when this change is complete. Thank you for your assistance.

Sincerely, _____



Mon – Fri: 7 a.m. – 8 p.m., Sat: 8 a.m. – 5 p.m.
(718) 240-4778 | www.ridgewoodbank.com

