

Account Closing Authorization

Dear Sir or Madam:

Please close my account indicated below effective ____/____/____ .

Name(s) on Account: _____

Type of Account: _____ Account Number: _____

- No disbursement of funds is necessary.
 - The account balance is zero.
 - I have deposited a check for the balance at my new institution.
- Disbursement of funds is necessary. Prepare a cashier's check for the balance of my account payable to:
 - Names on account, and mail to: _____
 - First Citizens Bank for the benefit of: _____
(First Citizens Checking Account Holder's Name)

To be deposited in account number: _____ Type of account: Checking Savings

Please include the last four digits of my Social Security number (as noted here) _____ and the above account number on the check and mail to:

PLEASE STAMP OR PRINT BRANCH ADDRESS HERE

Signature(s)

Account Holder Signature

Date

Joint Account Holder Signature

Date