

Instructions:

Please fill in, print and sign this authorization letter for closing your old account. Mail the completed letter to the banking institution where you are closing the account.

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:
 - Name(s) 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:

First Citizens Bank

Mailing Address

City/State/Zip

Account holder: to find the address of a First Citizens Bank office near you, please visit firstcitizens.com/locations or call 1.888.FC DIRECT (1.888.323.4732).

Signature(s)

Account Holder Signature

Date

Joint Account Holder Signature

Date