

# Authorization to **Close My Deposit Account**



To: \_\_\_\_\_

On \_\_\_\_\_, please close the following account(s):

Checking Account # \_\_\_\_\_  Savings Account # \_\_\_\_\_

Account Holder \_\_\_\_\_ Social Security Number \_\_\_\_\_

2nd Account Holder \_\_\_\_\_ Social Security Number \_\_\_\_\_

*On the closing date, please send remaining funds with a copy of this form to:*

Directly to me. Address \_\_\_\_\_

First Federal Bank of Florida, PO Box 2029, Lake City, FL 32056 Account # \_\_\_\_\_

*If you have any questions, please feel free to call me.*

Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Member FDIC

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