EZ SWITCH
NEW ACCOUNT TRANSFER

Account Closing Form

Your Current Financial Institution's Name

Financial Institution's Address | City | State | ZIP

Account #

Please accept this letter as authorization to close the above listed account at your institution. Please send a check for the remaining balance to my address below. If you have any questions, please contact me at _____.

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch my automatic debits and deposits I have associated with this account.

Thank you.

Account Owner's Signature | Date

Joint Account Owner's Signature | Date

Account Holder's Name

Account Holder's Address | City | State | ZIP

Primary Phone # | Alternate Phone #

Reminder: Send this to your current bank.

Bank of Virginia
WELCOME HOME

Member FDIC