

Account Closure Authorization

This form is keyboard friendly or you can print it out and complete it by hand.

Use this form to close your account(s) at your former financial institution. Please verify that any outstanding items have cleared your old account.

Notification of Account Closure Authorization

To whom it may concern:

Financial Institution

Address

City, State, Zip

Please close my account:

Account #

Primary Owner

Address

City, State, Zip

Please send the remaining balance to (check your preference below):

Please deposit directly to my new FFNWB Checking Account.

Account#

Routing#

Please forward a check to my address listed below.

Name

Address

City, State, Zip

Phone #

Primary Signature

Joint Signature

Date

Congratulations!
We welcome you
to
First
Financial
Northwest
Bank

If you have any questions during this process, or need help, please call us at 425.255.4400.

We are here to help you make an easy switch!