

# CLOSE ACCOUNT FORM

Submit this form to the financial institution where you will be closing your account(s). Any remaining balance will be sent to your new iTHINK Financial Checking Account.

**Please Print**

\_\_\_\_\_  
*Name of Financial Institution*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Checking Account Number*

I hereby authorize the closure of my checking account effective \_\_\_\_\_ I have verified that all my outstanding checks have cleared, and that all my automatic payments and debits have been stopped.

**Primary Owner's Information**

\_\_\_\_\_  
*Primary Owner's Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Signature of Primary Owner*

\_\_\_\_\_  
*Date*

**Joint Owner's Information (If applicable)**

\_\_\_\_\_  
*Joint Owner's Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Signature of Joint Owner*

\_\_\_\_\_  
*Date*

**Please Send Remaining Balance To:**

iTHINK Financial, P. O. Box 5090, Boca Raton, FL 33431-0890

Routing/Transit Number: 267077627

Account Number: \_\_\_\_\_ [ ] Checking [ ] Savings