

Easy Close Kit Account Closure Request Form

Date: _____

This notice serves as a request and authorization to close my account as designated below.

ACCOUNT INFORMATION:

Account Number: _____

(Check One) Retail MOTO Ecommerce -> Upon receipt

-> At maturity

By signing this form, I authorize the closure of the account listed above and at the time indicated above. I understand that I may incur charges for canceling an account prior to the end of the contractual term of the agreement.

(Name of authorized person)

Customer Signature

Date

X

Customer Signature (joint signer)

Date

Please send receipt of account closure to me at the following address:

Name: _____ Title: _____

Address: _____ Phone Number: _____
