

DATE: ___/___/___

REQUESTOR INFORMATION

Requestor Name: _____ Contact Phone No: _____

Address: _____ Email: _____

ACCOUNT INFORMATION

Advance Pay Account Number: _____

Reason for Closing Account: _____

Account Balance Payable To: _____

Mailing Address:

-
- Mail to the address on file.
-
-
- If the business will be closing, the payment will be mailed to the address on the driver's license or identification. Please provide a copy.

 APPLICANT'S PRINTED NAME

 APPLICANT'S SIGNATURE

 Sworn to and subscribed before me, and the undersigned authority on this _____ day of _____,

 NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

 MY COMMISSION EXPIRES

(SEAL)

FOR OFFICE USE ONLY	
<input type="checkbox"/> APPROVED ACCOUNT BALANCE: _____ CUSTOMER SERVICE REPRESENTATIVE: _____ APPROVING AUTHORITY: _____ DATE: _____	<input type="checkbox"/> NOT APPROVED REASON: _____ _____ CUSTOMER SERVICE REPRESENTATIVE: _____