



If you are closing a Certificate of Deposit (CD) account **prior to maturity**, we must receive this **signed document** by fax or mail to complete the request for early closure. Any other account closures may be initiated by calling 1-800-446-6307.

Section A: Personal Savings Account Information

Note: Authorization for account closure may only be submitted by an account owner. We will close your account after the full balance becomes available.

Financial Institution Name: **American Express National Bank**

Close my **High-Yield Savings Account(s)**

Account Number(s): _____

Close my **Certificate(s) of Deposit Account(s)**

Close upon Maturity

Close **Prior to Maturity** (Early CD account closures are subject to an early withdrawal penalty. Penalty details are disclosed in your Deposit Account Agreement.)

Account Number(s): _____

Section B: Remittance Preferences for Account Balances

Requested Account Closure Date (MM/DD/YYYY)* _____

Send me the funds in my deposit account by (please check one of the following):

Check** Internal transfer to my High-Yield Savings Account

Account Number(s): _____

Electronic funds transfer to a linked account with another financial institution.***

Financial Institution Name: _____ **Account Type:** Checking Savings

Account Number: _____ **Transit/ABA Number:** _____

* Please allow up to 13 business days for this authorization to be processed upon our receipt of this authorization form. Please also see the Funds Availability Disclosure in the Deposit Account Agreement for information about when certain types of deposits generally become available for withdrawal.

** Check will be made payable to and mailed to the account owner(s) name(s) and address of record for the designated Personal Savings account that you identify in this authorization form.

*** The account with another institution must be linked using your online banking access at www.personalsavings.americanexpress.com/onlinebanking prior to submitting this form.

Section C: Signature

Printed Name: _____ Social Security Number: _____

Signature: _____ Date (MM/DD/YYYY): _____

PLEASE SUBMIT REQUEST VIA FAX OR MAIL TO ONE OF THE FOLLOWING

Fax: 1-800-542-0779

Mail: American Express National Bank, PO Box 30384, Salt Lake City, UT 84130-0384

24/7 Account Access | Member FDIC | World-Class Service

Accounts offered by American Express National Bank. Member FDIC.