



Authorization for Account Closure

To close your deposit account you may complete this form and fax or mail it back to us or call us at 1-800-446-6307. If you are closing your Certificate of Deposit account prior to the maturity date of the account, you must complete this form and return it to us.

Section A: Personal Savings Account Information

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

Financial Institution Name: American Express Bank, FSB

Close my High-Yield Savings Account(s)

Account Number(s): _____

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

An early withdrawal penalty may apply to any CD account that is closed before the maturity date. 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: _____

* Please allow up to 3 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 holder(s) name(s) and address of record for the designated Personal Savings account that you identify in this authorization form

Section C: Signature

Printed Name: _____ Social Security Number: _____

Signature: _____ Date: _____

Please submit request via fax or mail to the following:

Fax:(800) 542-0779 • Mail: American Express Bank, FSB, PO Box 30384, Salt Lake City, UT 84130-0384