

Close Account Form

CUSTOMER INFORMATION	
Name	
Address	
City, State, Zip	
Phone	
BANK	
Bank	
Address	
City, State, Zip	
Phone	

I hereby request that the following deposit account(s) with you to be closed:

Checking Savings Other
Account # _____

Checking Savings Other
Account # _____

Checking Savings Other
Account # _____

Checking Savings Other
Account # _____

Checking Savings Other
Account # _____

Please forward all remaining funds to me by check to the address shown on my account. If for any reason there is a penalty or fee please contact me at the number listed above.

Sincerely,

Authorized Signature

Date