

## ACCOUNT CLOSURE REQUEST

Please fill out the form to close your account at another bank.

### TO WHOM IT MAY CONCERN:

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE CLOSE THE ACCOUNT LISTED BELOW.**

\_\_\_\_\_  
Former Bank Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Account Number

### PRIMARY ACCOUNT HOLDER:

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Name (Signed)

### SECONDARY ACCOUNT HOLDER:

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Name (Signed)

**PLEASE SEND A CHECK FOR THE REMAINING BALANCE TO THE ADDRESS LISTED BELOW.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State/Zip

Check here if this is a new address not on file.

**IF YOU HAVE ANY QUESTIONS, PLEASE LET ME KNOW. THANK YOU.**

PHONE NUMBER (       ) \_\_\_\_\_

Rev. 1/16

Member FDIC