

Account Closing

Use this form to Close Your Account at another bank institution and request a check for the remaining balance.

Date: _____

To: _____ (Bank Name)
_____ (Bank Address)
_____ (City, State, Zip)

Primary Account Holder:
_____ (Name)
_____ (Home Address)
_____ (City, State, Zip)

Secondary Account Holder:
_____ (Name)
_____ (Home Address)
_____ (City, State, Zip)

Note:

- If there are multiple accounts involved please complete a form for each account.
- Verify all checks and payments have cleared prior to submitting this form to close your account.

Please accept this as my authorization and direction to close my account with your institution.

Account Number: _____
Checking Savings CD Money Market (*select one*)

Please send the check in the amount of my account balance plus any accrued interest to my attention at the address on file.

If you should have any questions regarding this transaction please call me at my daytime phone number: _____.
Thank you for your cooperation.

Sincerely,

(Customer Signature)

