



Peace of Mind ... When You Bank With Us

For Account Closings

To close an account, complete and mail this form to your former financial institution.

To:

From:

Former Financial Institution Name

Your Name

Address

Address

City State Zip

City State Zip

To Whom It May Concern:

Please close my account, effective today's date, and send a check for the remaining balance to my address above.

I understand that all checks, automatic debits and other transactions need to have cleared before completely closing my account(s). I have made arrangements to switch my automatic debits and automatic deposits.

Name(s) on Account

Name(s) on Account

Account Number

Type of Account

Account Number

Type of Account

If you have any questions about this request, please call me at:

Phone Number

Day / Evening (circle one)

Sincerely,

Signature

Joint Account Holder Signature

Name (Print)

Joint Account Holder Name (Print)

Date

Date