

Account Closure Form

Prior to closing, allow one to two months for all checks to clear and all automatic transactions to be set up with your new bank account. Complete this form and mail it to your previous bank. This will help ensure your old bank account(s) is closed and all funds are transferred to your new bank account.

Reminder: A separate form for each account type must be completed.

Make additional copies, if necessary.

TO WHOM IT MAY CONCERN: PLEASE CLOSE THE FOLLOWING ACCOUNT:

Account Holder(s) _____

Account Number _____

Account Type _____

Social Security or Tax ID Number _____

Check the Appropriate Boxes:

No disbursement of funds is necessary

Select an Option

I have taken the balance of my account to zero.

I have deposited a check into my new account for the remaining account balance.

Send me a check for the remaining balance of my account payable to:

Name _____

Address _____

City _____ State _____ Zip Code _____

Thank you for resolving this matter.

Sincerely,

Customer Signature _____

Date _____

Joint Account Holder Signature (If Applicable) _____

Date _____