

REQUEST FOR ACCOUNT CLOSURE

FORMER BANK NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PLEASE CLOSE THE FOLLOWING ACCOUNT(S): _____ CHECKING SAVINGS

_____ CHECKING SAVINGS

FUNDS SHOULD BE MADE PAYABLE TO: _____

FUNDS SHOULD BE MAILED TO: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

IF YOU HAVE ANY QUESTIONS REGARDING THIS REQUEST, PLEASE CONTACT ME AT THE FOLLOWING NUMBER(S):

DAY PHONE _____ EVENING PHONE _____

BY SIGNING THIS FORM, I AM CERTIFYING THAT I AM THE RIGHTFUL OWNER OF THE ABOVE LISTED ACCOUNT(S) AND ALL INFORMATION IS TRUE AND CORRECT .

SIGNATURE _____ DATE _____

CO-SIGNATURE _____ DATE _____