



Account Closing Request Form

Complete this form when closing your old account with another financial institution.

Former Bank Information

Bank Name:

Address:

City:

State:

Zip Code:

Customer Information

Name:

Address:

City:

State:

Zip Code:

Phone Number:

Account Information-Please close the following account(s)

Account Number:

Account Type: Checking Savings Other

Account Number:

Account Type: Checking Savings Other

Account Number:

Account Type: Checking Savings Other

Please accept this letter as my official authorization to close the above accounts at your financial institution.

Send a check with the final account balance to the address listed on file.

Feel free to call me at the phone number listed above with any questions concerning this request.

Thank you,

Signature: _____

Date: _____

