

ACCOUNT CLOSING FORM

TO:

NAME

COMPANY ADDRESS

COMPANY NAME

CITY, STATE , ZIP CODE

I would like to close my existing account(s) using the information below.

CHECKING ACCOUNT INFORMATION

Checking Account Number

SAVINGS ACCOUNT INFORMATION

Savings Account Number

All remaining balances should be sent to me at the address below

CUSTOMER SIGNATURE

CUSTOMER NAME (PRINTED)

DATE

CUSTOMER PHONE NUMBER

CUSTOMER EMAIL ADDRESS

COSIGNER SIGNATURE (IF APPLICABLE)

COSIGNER NAME (PRINTED)

DATE

CUSTOMER ADDRESS

CITY, STATE, ZIP CODE