

Account Closing Request Form

Date: _____

This notice serves as a request and authorization to close my account as designated below.

ACCOUNT INFORMATION:

Account number: _____

Account type (*check one*):

- Checking Savings Certificate of Deposit -
 Upon receipt At maturity

By signing this form I authorize you to release the remaining funds in my existing account in the form of a cashier's check made out to:

Please release the check to: _____
(name of authorized person)

X _____
Customer signature

X _____
Customer signature (joint signer)

Please send receipt of account closure and check to me at the following address:

Name: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Social Security Number: _____

Phone number: _____ Alternative Phone number: _____

Straightforward, commonsense banking.

