

Bank Account Closing Request

Bank Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (_____) _____

Account Type: Checking Savings

Account Number: _____

Name(s) on Account: _____

Personal Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (_____) _____

Other: _____

I have recently changed banks. Please close my account and send any remaining balance to the address on my account.

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____