

Account Closure Request Form

Instructions:

1. Complete, sign and date this form.
 2. Submit this form to your previous financial institution after you have opened your new account and all your existing activity has cleared and is switched to your new account.
 3. Keep a copy for yourself.
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• Previous Financial Institution Information

Date _____ Name of Financial Institution _____

Address _____

City _____ State _____ Zip _____

Primary Account Holder Name _____

Joint Account Holder(s) Name(s) _____

• Close My Account(s)

Please close the following account(s) and send a check for the remaining balance, if any, to me at the address below.

Account Number 1 _____

Account Number 2 _____

Account Number 3 _____

• Contact Information and Signature

Please accept this as my authorization to close my account(s) as instructed. If you have any questions, please contact me by mail or at the phone number listed below.

Primary Account Holder Signature _____

Primary Account Holder Print Name _____

Joint Account Holder Signature _____

Joint Account Holder Print Name _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____