

Existing Account Closing Form



Complete this form and return to your old bank.

To Whom it may concern:
Please close my account described below.

Name(s) on Account

Account Number Account Type

Address

City State Zip

Check Only One:

No Disbursement of funds is necessary

The account balance is zero.

I have deposited a check for the balance in my new bank.

Disbursement of funds is necessary.

Prepare a cashier's check for the balance of my account made payable to the Name(s) and Address on my account.

Thank you for your prompt attention to this matter. Sincerely,

Customer Signature Date

Joint Account Holder Signature Date