

ACCOUNT CLOSURE FORM

Give to your previous financial institution

Please close the following account(s) per my instructions

Previous Financial Institution _____

Account Number to be closed _____ Account Type _____

Account Number to be closed _____ Account Type _____

Account Number to be closed _____ Account Type _____

Account Number to be closed _____ Account Type _____

Account Number to be closed _____ Account Type _____

Name(s) on Account(s) _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

I authorize the closure of my account(s) effective as of this date _____

Please transfer any remaining balance to:

Your Routing Number:

Account Number: _____

- | | | |
|-----------------------------------|--|----------------------------------|
| <input type="checkbox"/> CD | <input type="checkbox"/> IRA | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Checking | <input type="checkbox"/> IRA Certificate | |
| <input type="checkbox"/> HSA | <input type="checkbox"/> Money Market | |

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

Be sure to leave sufficient funds in your old account long enough for outstanding checks and automatic withdrawals to clear. Once all outstanding transactions have posted, then you can close the old account completely.