



Bank Account Closing Form

Use this form to close your account at another bank institution and request a Cashier's Check for the remaining balance.

Note: If there are multiple accounts involved, please complete a form for each account. Please verify that all checks and payments have cleared prior to submitting this form to close your account.

Date: _____

Please accept this as my authorization to close my account with your institution.

Account Title: _____

Account Holder Mailing Address: _____

City: _____ State: _____ Zip: _____

CHECKING	SAVINGS	MONEY MARKET	CD
Account Number: _____			

Please issue a Cashier's Check in the amount of my account balance, if applicable, plus any accrued interest on the account. The check may be sent to my attention at the address above.

If you should have any questions regarding this transaction, please contact me at this phone number: _____

Sincerely,

Customer Signature