

## CLOSE MY ACCOUNT



I am requesting that \_\_\_\_\_ close the following account(s). All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

Checking Account # \_\_\_\_\_

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

Certificate of Deposit account(s) – Please close upon maturity

Account number: \_\_\_\_\_ Maturity: \_\_\_\_\_

Account number: \_\_\_\_\_ Maturity: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print please) \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Joint Signature \_\_\_\_\_ Date \_\_\_\_\_

Cosigner or Joint Name (please print) \_\_\_\_\_

Date \_\_\_\_\_