



CLOSEOUT REQUEST FORM

Prior to completing this form, please confirm it will be accepted by the bank from which you are requesting the closeout.

1. CUSTOMER INFORMATION:	
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account	
NAME (First/Middle/Last):	
Name (if joint account provide additional accountholder's name)	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE NUMBER:	E-MAIL:
2. ACCOUNT INFORMATION:	
ACCOUNT NAME:	
TYPE OF ACCOUNT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	
ACCOUNT NUMBER:	
ACCOUNT CLOSING BALANCE (plus interest if applicable):	
BANK ROUTING TRANSIT NUMBER:	

3. CERTIFICATION:

I hereby authorize _____, located at _____, to close the above referenced account. All my checks have cleared the account which is being closed and all direct deposits and automatic payments have been stopped. Proceeds from the above referenced account are to be mailed to me at the address listed above.

SIGNATURE

DATE

Subscribed and sworn before me this day of , 20

NOTARY PUBLIC

SIGNATURE (additional accountholder)

DATE

Subscribed and sworn before me this day of , 20

NOTARY PUBLIC