

Account Closure Form

Use this form to request that the account(s) that you have at your present bank be closed. Remember to keep enough funds in the account until all checks have cleared and your direct deposit has been changed. Consult with your present bank to determine if there is a closing account fee.

BANK NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____

Date: _____

To Whom It May Concern:

Please close the following Account Number _____ and send a check for the remaining balance to the address below:

Contact me at the following telephone number if you have any questions:

Daytime Telephone: _____

Account Owner Signature **Co-Signature (if applicable)**

NAME OF ACCOUNT

MAILING ADDRESS

CITY, STATE, ZIP

State of _____ County of _____

Subscribed and sworn to me this _____ of _____, _____
Day Month Year

Notary Public (Seal)

My Commission expires: _____ (Date)

A Notary Public will be happy to serve you at Cross County Bank.