

ACCOUNT CLOSING FORM

To Whom It May Concern:

Please close the following bank account(s):

Name on Account

Account Number

- Checking
 Savings

Name on Account

Account Number

- Checking
 Savings

All remaining balances should be sent to me at the following address:

Address

City

State

Zip Code

If you have questions, please contact me at: _____

Thank You.

Signature of Account Holder

Co-Signer Signature (if applicable)

Printed Name

Printed Name

Date



MEMBER
EQUAL HOUSING
LENDER FDIC

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