

EXCHANGE BANK

relationships you can bank on.®

ACCOUNT CLOSING REQUEST

DATE: _____ / _____ / _____

TO: _____
(Financial Institution Name)

ADDRESS: _____

CITY, STATE, ZIP: _____

FROM: _____
(Name(s) on Account)

LAST FOUR DIGITS OF SOCIAL SECURITY #: _____

PLEASE **CLOSE** THE FOLLOWING
ACCOUNTS WITH YOUR INSTITUTION:

ACCOUNT 1	ACCOUNT TYPE	
	ACCOUNT	
	SEND PAYMENT AT ONCE <input type="checkbox"/> (CHECK ONE)	OR DEFER PAYMENT <input type="checkbox"/> (CHECK ONE) UNTIL CLOSE OF INTEREST PAYMENT
ACCOUNT 2	ACCOUNT TYPE	
	ACCOUNT	
	SEND PAYMENT AT ONCE <input type="checkbox"/> (CHECK ONE)	OR DEFER PAYMENT <input type="checkbox"/> (CHECK ONE) UNTIL CLOSE OF INTEREST PAYMENT
ACCOUNT 3	ACCOUNT TYPE	
	ACCOUNT	
	SEND PAYMENT AT ONCE <input type="checkbox"/> (CHECK ONE)	OR DEFER PAYMENT <input type="checkbox"/> (CHECK ONE) UNTIL CLOSE OF INTEREST PAYMENT

Forward funds to me at the following address:

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE: (_____) _____ - _____

SIGNATURE: _____

JOINT ACCOUNT

HOLDER SIGNATURE: _____

PRINTED NAME: _____

