

CLOSE ACCOUNT

Switching is easy at The Bank



Institution Information

Date

Financial Institution's Name

Address

_____ State _____ Zip
City

JUST ASK THE BANK
WE KNOW THE WAY.

Message to Institution

To Whom It May Concern:

Effective _____ (date), please close the following account(s):

Checking Account # _____

Checking Account # _____

Savings Account # _____

Savings Account # _____

Please close my certificate of deposit account(s)
_____ / _____ (account numbers) upon maturity.

If you have any questions about this request, please contact me during the
__ day / __ evening at _____ (phone number).

Thank you,

Customer Information

_____ Date _____
Signature

Name (please print)

Address

_____ State _____ Zip
City

Cosigner Signature

Cosigner Name (please print)



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