

# CLOSE ACCOUNT

\_\_\_\_\_

Date

\_\_\_\_\_

Financial Institution's Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

**To whom it may concern:**

**Please close my account \_\_\_\_\_ (account number), and send a check for the remaining balance to me at the address listed below. If you have any questions about this request, please contact me at:**

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Best Time to Call

**Thank you.**

**Sincerely,**

\_\_\_\_\_

Signature

\_\_\_\_\_

Co-Signer Signature

\_\_\_\_\_

Name (please print)

\_\_\_\_\_

Co-Signer Name (please print)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip



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