



Account Closure/Withdrawal Request

Please Closeout or Withdraw Funds From My Account At:

| | | |
|--------------------------------|--------|-----------|
| Name of Financial Institution: | | |
| Address: | | Fax: |
| City: | State: | Zip Code: |

To Whom It May Concern:

| | | |
|---|--------------------------|----------------------|
| Please withdraw funds from the following account(s) and mail check to address listed below: | | |
| Account Number(s): | Amount Requested: | Closeout (✓): |
| Checking Account(s): | | |
| Savings Account(s): | | |
| Money Market Account(s): | | |
| Certificate of Deposit Account(s): | Maturity: | |
| <input type="checkbox"/> Please close/withdraw my CD immediately. I understand there may be penalties for withdrawing before maturity date. | | |
| <input type="checkbox"/> Please close/withdraw from my CD upon maturity. | | |

Customer Information:

| | | |
|--|--------|-----------|
| Customer Name: | | |
| Customer Address: | | |
| City: | State: | Zip Code: |
| Best Day/Evening (circle one) Phone Number to Contact You: | | |

Mailing Instructions:

| | | |
|--|--------|-----------|
| Mail Check to: | | |
| Attention: | | |
| Address: | | |
| City: | State: | Zip Code: |
| <i>Please reference Account # on the check</i> | | |

Customer Authorization

| | |
|-------------|-------|
| Signature: | Date: |
| Print Name: | |