



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:	