

## CLOSE ACCOUNT FORM

Use this form to close your account at the financial institution you are leaving.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Institution 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 during the day/evening (circle one) at (\_\_\_\_) \_\_\_\_\_ (phone number).

Thank you.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Co-Signer Signature

\_\_\_\_\_  
Co-Signer Name (please print)

\_\_\_\_\_  
City, State, Zip

**PARK  BANK**

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