

ACCOUNT CLOSING REQUEST

Step 1: Copy | Step 2: Fill In | Step 3: Send

Previous Financial Institution Information

Financial Institution Name		
Financial Institution Street Address	City, State	Zip

Previous Account Information

To Whom It May Concern:	
Please close the following account(s) with your institution:	
Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other _____
Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other _____
Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other _____
Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Other _____

Transfer of Balance Request

Please forward all remaining funds to (check one):

- Bank of Advance, PO Box 400, Advance, MO 63730
- Bell City Banking Center, PO Box 163, Bell City, MO 63735
- Chaffee Banking Center, PO Box 7, Chaffee, MO 63740
- Dexter Banking Center, PO Box 829, Dexter, MO 63841
- Bowen Banking Center, PO Box 215, Bowen, IL 62316
- Directly to me at the following address:

Name		
Street Address	City, State	Zip

Acknowledgement

Thank you for your prompt attention to this matter. If you have any questions about this request, please contact me as soon as possible.

Phone Number	Date
Primary Account Holder Printed Name	Primary Account Holder Signature
Secondary Account Holder Printed Name (if applicable)	Secondary Account Holder Signature (if applicable)