



Account Closure Form

Date: _____
 Account Number: _____
 Customer Name: _____
 Customer Address: _____

*****Please ask if address will change. Address changes must be made to ensure accurate interest reporting**

Type of Account: (circle)	Business Checking	Regular/Relationship Checking	Interest Checking
	Money Market	Statement Savings	Overdraft Protection

Closing Balance: \$ _____
 Outstanding Checks: \$- _____
 Holds: \$- _____
 Disbursement of Funds: \$= _____

Method of Disbursement:	Transfer into account: # _____	
	Cash Disbursement: \$ _____	
	Cashier's Check: # _____	
	Wire: \$ _____	

ATM/Debit Card: # _____

Internet Banking and/or Bill Pay:	_____ (yes)	_____ (no)	Cust ID# _____
Overdraft Protection:	_____ (yes)	_____ (no)	
Remote Deposit Customer:	_____ (yes)	_____ (no)	

Reason for Closure: _____

Customer Signature: _____

Bank Use Only

	Initials:	Date:
Signature Card <small>pulled, notated and moved to closed</small>	_____	_____
Business file <small>pulled and moved to closed</small>	_____	_____
Silverlake/Vertex input	_____	_____
ATM/Debit Card Closed <small>pull application if applicable</small>	_____	_____
Internet Banking <small>maintenance /contract pulled and moved to closed</small>	_____	_____
Overdraft Protection <small>loan dept notified</small>	_____	_____
Night Drop <small>contract pulled and moved to closed</small>	_____	_____
Courier Agreement <small>contract pulled and moved to closed/Log maintenance</small>	_____	_____
CIP Worksheet <small>pulled and filed in closed</small>	_____	_____
Delete AFT Transfers/Sweeps	_____	_____
Chexsystems <small>if applicable</small>	_____	_____

Closed by: _____ Date: _____
 Maintenance verified by: _____ Date: _____