

## Account Closure Form

Use this form to request that the account(s) that you have at your present bank be closed. Remember to keep enough funds in the account until all checks have cleared and your direct deposit has been changed. Consult with your present bank to determine if there is a closing account fee.

BANK NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

**Date:** \_\_\_\_\_

**To Whom It May Concern:**

**Please close the following Account Number \_\_\_\_\_ and send a check for the remaining balance to the address below:**

**Contact me at the following telephone number if you have any questions:**

**Daytime Telephone:** \_\_\_\_\_

\_\_\_\_\_  
**Account Owner Signature**

\_\_\_\_\_  
**Co-Signature (if applicable)**

\_\_\_\_\_  
NAME OF ACCOUNT

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Notary Public (Seal)

My Commission expires: \_\_\_\_\_ (Date)

*A Notary Public will be happy to serve you at Cross Bank.*