

CLOSE ACCOUNT

_____ Date

_____ Financial Institution's 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 at:

_____ Phone Number

_____ Best Time to Call

Thank you.

Sincerely,

_____ Signature

_____ Co-Signer Signature

_____ Name (please print)

_____ Co-Signer Name (please print)

_____ City

_____ State

_____ Zip



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