

Account Closure Request

To: _____

(Name of Financial Institution leaving)

(Financial Institution Address)

(City)

(State, Zip Code)

From: _____

(Name)

(Address)

(City)

(State, Zip Code)

I authorize the closure of my account(s) with your institution.

Effective Date: _____

All Accounts Savings Account Checking Account Money Market Other

(Check all that apply)

Account #: _____ Account #: _____ Account #: _____

Account #: _____ Account #: _____ Account #: _____

Please send any funds remaining in these accounts to my home address shown above.

Primary Account Holder Signature: _____ Date: _____

Secondary Account Holder Signature: _____ Date: _____



FIRST AMERICAN BANK