

# Account Closing Request

Use this form to close your account at another bank or credit union and request a check for the remaining balance.

Verify that all checks and payments have cleared, and all direct deposits have switched to your BLC Community Bank account prior to closing your account.

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
*Bank Name*

\_\_\_\_\_  
*Bank Address*

\_\_\_\_\_  
*City, State, Zip*

FROM: \_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*City, State, Zip*

Please accept this as my authorization and direction to close my account(s) with your institution.

**Account Number**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Account Type** (Checking, Savings, Money Market, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send a check in the amount of my account balance(s), including any accrued interest to:

Please deposit directly to my new account at BLC Community Bank.  
Account # \_\_\_\_\_ Routing # \_\_\_\_\_

Please forward a check to my attention at the address above.

If you have any questions or need additional information, please contact me at \_\_\_\_\_.  
Thank you for your assistance.

Primary Signature: \_\_\_\_\_

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

Joint Signature: \_\_\_\_\_

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

