

Account Closure Form

To Whom it May Concern

Please close the following account:

Account Holder(s)

Account Number

Account Type (checking, savings, etc.)

Social Security or Tax ID Number

Check the Appropriate Boxes

No disbursement of funds is necessary.

Select an option:

I have taken the balance of my account to "zero."
or

I have deposited a check into my new account for the remaining account balance.

Send me a check for the remaining balance of my account, payable to:

Name

Address

City

State

Zip Code

Thank you for resolving this matter.

Sincerely,

Customer Signature

Date

Joint Account Holder Signature (if applicable)

Date

Prior to closing your old account(s), allow 1 - 2 months for all checks to clear and all automatic transactions to be set up with your new Sterling State Bank account.

Complete this form and mail it to your previous bank. This will help ensure your old bank account(s) is closed and all funds are transferred to your new Sterling State Bank account.

**Reminder:
A separate form for each request must be completed. Make additional copies if necessary. Thank you.**



Sterling State Bank switchsimple