



112-114 W. Main St.
Coldwater OH 45828
419-678-2385
Member FDIC – Equal Housing Lender

PLEASE CLOSE MY ACCOUNT

Date

Financial Institution's Name

Address

City State Zip

Message to Institution:

Effective _____ please CLOSE the following accounts:
Date

- Checking Account # _____
- Checking Account # _____
- Savings Account # _____
- Savings Account # _____
- Additional Accounts _____

Please send a check for the remaining balance(s) to my address.
If you have any questions about this request, please contact me at _____.
Phone Number

Customer Consent:

X _____
Signature Date

Name (please print)

Address

City State Zip

X _____
Co-Account Holder Signature

Co-Account Holder Name (please print)