



Key Easy Transfer Kit Account Closure Request Form

Date: _____

This notice serves as a request and authorization to close my account as designated below.

ACCOUNT INFORMATION:

Account Number: _____

(Check One) Checking Savings Certificate of Deposit: -> Upon receipt

-> At maturity

By signing this form, I authorize you to release the remaining funds in my existing account in the form of a cashier's check made out to:

Please release the check to: _____
(Name of authorized person)

X
Customer Signature _____ Date _____

X
Customer Signature (joint signer) _____ Date _____

Please send receipt of account closure and check to me at the following address:

Name: _____ Social Security Number: _____

Address: _____ Phone Number: _____

_____ Alternative Phone Number: _____