

CLOSE ACCOUNT REQUEST FORM

Individual Account Joint Account

Name:

Name:

(If joint account, please provide secondary accountholder's name)

Address: Daytime Phone:

City, State, ZIP:

I authorize **(name of current bank)** hereinafter referred to as "Originating Depository Bank", to close the below referenced account. All my checks have cleared the account which is being closed and all direct deposits and automatic payments have been stopped.

Account Name:

Routing Number:

Account Type: **Checking** **Savings**

Closing Balance \$ (plus interest, if applicable)

Proceeds from the above referenced account are to be mailed to:

Boiling Springs Savings Bank

Branch:

Bank Employee: _____ Date:

Upon receipt, the funds will be credited to our customer accordingly. The receipt of said proceeds via mail will serve as confirmation that the account has been formally closed.

Customer Signature: _____ Date:

Joint Accountholder Signature: _____ Date: