



National Bank & Trust Company

Member FDIC

Account Closure Request Form

Use this form to authorize your bank to close your old account with them and forward any remaining funds to you.

To: _____
Bank Name

Subject Account Number

From: _____
Your Name

Your Address

City, State Zip

To Whom It May Concern:

Please accept this letter as authorization to close the following account(s) with your financial institution.

Account # _____ Type _____

Account # _____ Type _____

Account# _____ Type _____

Please send any funds remaining to the address above. If you have any questions about this request, please contact me at _____.

Signature

Date

Printed Name

Date

Signature

Date

Printed Name

Date