



First National Bank

Your Locally Owned Hometown Bank

ACCOUNT TRANSFER KIT



Deliver this form to your old bank to close your accounts from there and receive disbursement of any remaining funds.

ACCOUNT CLOSURE FORM

TO: _____

FROM: _____

SIGNER 1

 Last Name First Name

 Address City State Zip

 Social Security Number Home Telephone Number Work Telephone Number

SIGNER 2

 Last Name First Name

 Address City State Zip

 Social Security Number Home Telephone Number Work Telephone Number

I hereby authorize the closing of my account(s). All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

ACCOUNT(S) TO CLOSE

 Account Number Account Type (Checking, Savings, CD, Money Market)

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Instructions to Bank:
 Please forward a check to the address provided with any remaining fund in the account(s). If there are questions please contact me at the telephone provided.

