

Account Closure Request Form

Date: _____

To: _____

Address: _____

City, State, Zip: _____

Re: Account Closure Request

Dear Sir or Madam

Please close the following account(s) that I/we have with your financial institution:

Account #: _____ Account Type: _____

Account #: _____ Account Type: _____

Account #: _____ Account Type: _____

Account #: _____ Account Type: _____

Please send any remaining funds to:

Select One:

- To the address listed under the Primary Account Holder
- To the following financial institution's mailing address:
State Bank of Alcester
PO Box 168
Alcester, SD 57001
Account #: _____

I hereby authorize the closing of the account(s) listed above. All my checks have cleared the account and all direct deposits and automatic payments have been stopped.

Signatures:

Primary Account Holder: _____ Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Secondary Account Holder: _____ Date: _____

Name: _____

Address: _____

City, State, Zip: _____