



Request To Close Account

To Whom It May Concern:

Please close my account described below. All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

Name on Account

Joint Accountholder Name

Balance to Close Account

Account Number

Type of Account

“ No disbursement of this account is necessary.

“ This account has a zero balance

“ I have written a check to complete all activity and have deposited it to my new financial institution.

“ Please prepare a bank check for the balance of my account, payable to:

“ The Bank of Fincastle, for the benefit of _____
(insert the name of your new account here), and deposit to my:

“ Checking account # _____

“ Savings account # _____

Mail Check to: The Bank of Fincastle
Post Office Box 107
Fincastle, Virginia 24090

“ The names listed on the account and mail to the following address:

If you have any questions, please contact _____ at _____.

Thank you for your immediate attention to this matter.

Customer Signature

Joint Account Holder Signature

Daytime Phone Number

Date