Account Closing Request

Former Bank		Please send the remaining balance by
Address		official check to:
CityState_	Zip	
		F & C Bank
From:		Attn: New Accounts
Primary Account Holders Name		c/o
Primary Social Security Number		(customer name)
Secondary Account Holder's Name		PO Box 157
Address		Holden, MO 64040
CityState_	Zip	

Account Type	Account Number*	Check here to send payment immediately	Special Instructions

I authorize you to close the accounts listed above and forward funds to F & C Bank.

Primary Account Holder Signature	
Secondary Account Holder Signature	
Data	

^{*}Please make sure all checks and all automatic debits have been switched prior to closing your account. We recommend viewing two months statements to ensure you have switched them all.

