Mission COMMUNITY BANK

Account Closure Request

_____
Financial Institution Name

_____
Address

_____
City/State/Zip

To Whom It May Concern:

Please accept this letter as authorization to close account number _____ at your institution and send a check for the remaining balance to my address below. If you have any questions, please call me at _____.

I understand that all outstanding payments and deposits must clear before the account is closed. I have already made arrangements to switch all automatic debits and deposits associated with this account.

Thank you.

_____
Owner signature Printed name Date

_____
Joint Owner signature Printed name Date

My mailing address:

_____
Name

_____
Address

_____
City/State/Zip