

## Close Account Form

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**Member Instructions:** Use this form to close your account(s) at your existing financial institution and have your funds sent to you. Before you send this form to your existing financial institution, be sure all of your outstanding checks and automatic withdrawals have paid from the account you are closing. Tower will not be responsible for returned checks or additional penalties for closing your account.

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\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 FINANCIAL INSTITUTION NAME

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY, STATE, ZIP

To Whom It May Concern:

Please close my account(s) listed below, and send a check for the remaining balance made payable to me at

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 ADDRESS CITY STATE ZIP

**Account(s) to Close:**

Savings Acct. No. \_\_\_\_\_

Checking Acct. No. \_\_\_\_\_

\_\_\_\_\_ Acct. No. \_\_\_\_\_

\_\_\_\_\_ Acct. No. \_\_\_\_\_

All of my/our outstanding checks and automatic withdrawals have paid from this account.

If you have any questions about this request, please contact me at \_\_\_\_\_  
 PHONE NUMBER

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 CO-OWNER SIGNATURE

\_\_\_\_\_  
 NAME (please print)

\_\_\_\_\_  
 CO-OWNER NAME (please print)