

Close Account Form

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.

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)