

1NB Bank
CLOSE ACCOUNT FORM



PLEASE CLOSE MY ACCOUNT

DATE

BANK NAME

ADDRESS CITY STATE ZIP

To Whom It May Concern:

Please close the following account # _____ and send a check for the remaining balance to the address below.

If you have any questions about this request, please contact me as soon as possible at the following number: [REDACTED]

Thank you.

Sincerely,

SIGNATURE

CO-SIGNER SIGNATURE

NAME (PLEASE PRINT)

CO-SIGNER NAME (PLEASE PRINT)

C/O (OPTIONAL)

ADDRESS CITY STATE ZIP