



Step 3: CLOSING ACCOUNT FORM

Date

Bank Name

Address

City State Zip

To Whom It May Concern:

Please close my account # _____, and send a check for the remaining balance to:

**Bank of Washington
P. O. Box 377
Washington, MO 63090**

Please make the check payable to Bank of Washington for the Benefit of _____
Account #:

If you have any questions about my request, please phone me at _____ during the _____ day _____ evening (*choose one*).

Thank you.

Sincerely,

Signature _____

Co-Signer Signature _____

Name

Co-Signer Name

Address

City State Zip

