

CLOSE ACCOUNT REQUEST FORM

Please close my account described below effective ____/____/____ as indicated at _____.
Date Financial Institution

Name(s) on Account _____ Name(s) on Account _____

Account Number _____ Type of Account _____

Name(s) on Account _____ Name(s) on Account _____

Account Number _____ Type of Account _____

Name(s) on Account _____ Name(s) on Account _____

Account Number _____ Type of Account _____

Prepare a cashier's check for the balance of my account(s) made payable to:

_____ and mail the check to me at the address shown on my account.

If you have any questions, please contact me at:

(____) _____ phone (____) _____ cell

THANK YOU for your attention to this matter

Customer Signature

Joint Account Holder Signature

Date

Date



A FRESH WAY TO BANK

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Equal Housing Lender