

Peoples Bank

Account Closure Request Form

Financial Institution Name & Address

Account Information

Account Number	Account Type (check one)
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD - upon receipt <input type="checkbox"/> CD - at maturity

Customer Information

Name	
Street Address	City, State, Zip

This notice serves as a request and authorization to close my account and transfer funds. By signing below, I authorize you to release the remaining funds in the form of a cashier's check made payable to the above customer.

Signature	Date
X	

Please release check to: _____

Please mail to the following address:

Name: _____ Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____