

The Sherwood State Bank

Existing Account Closeout Form

Please complete this form and present to your current bank.

To Whom It May Concern:

Please close my account described below for the total remaining balance (plus any interest accrued, if applicable) and mail a check to the address given below.

Please close the following accounts:

Type of Account _____ Account Number _____

Type of Account _____ Account Number _____

Type of Account _____ Account Number _____

Type of Account _____ Account Number _____

If you have any questions on the request, I can be reached at _____

Please prepare a Cashier Check for the balance of my accounts made payable to:

Name _____

Address _____

City _____ State _____ Zip _____

Thank you for your prompt attention to this matter.

Account Holder Signature Date Name (Please Print)

Joint Acct Holder Signature Date Name (Please Print)