



**ACCOUNT CLOSURE REQUEST FORM**

**TO:** \_\_\_\_\_  
(Current bank/Credit Union's Name)

**FROM:** \_\_\_\_\_  
(Account Holder's Name)

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please close the following account(s) with your institution**

Acct # \_\_\_\_\_ ÿ Checking ÿ Savings ÿ Money Market ÿ Other \_\_\_\_\_

Acct # \_\_\_\_\_ ÿ Checking ÿ Savings ÿ Money Market ÿ Other \_\_\_\_\_

Acct # \_\_\_\_\_ ÿ Checking ÿ Savings ÿ Money Market ÿ Other \_\_\_\_\_

**Transfer Information**

Please transfer \$\_\_\_\_\_.

Please transfer the entire amount and close the account.

Please make this transfer immediately.

Please make this transfer on \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Other \_\_\_\_\_

**Please Transfer My Funds To:**

**Monument Bank**  
573 N Main Street  
Doylestown PA 18901  
(215) 340-1020  
Transit/ABA # 0319-1918-6

I hereby direct you to complete the requested transfer from my existing account to my new account at Monument Bank. Please make the check payable to **Monument Bank** and note on the check that it is for deposit to account # \_\_\_\_\_.

**Customer Approval and Authorization:**

If you have any questions about this request, please contact me at \_\_\_\_\_.

\_\_\_\_\_  
**Customer's Signature** **Date**