

# EZ Switch Kit

## REQUEST TO CLOSE ACCOUNT(S)

Complete this form and submit it to the financial institution you're leaving.

### **Financial Institution Information:**

FI Name: \_\_\_\_\_

FI Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **To Whom It May Concern:**

Please **close** my account(s) listed below, effectively immediately.

Account Number	Account Type	Title of Account

Please mail a check for the remaining funds in these account(s) to me at the address listed below.

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

If you have any questions, please contact me at the phone number listed below. Thank you.

Sincerely,

### **Primary Account Holder**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### **Secondary Account Holder**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_



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