

BAC Community Bank

Personal Account Closing Request

Please close my account(s) described below as indicated and forward any remaining funds in the account(s) by check to the address indicated. If you have any questions about this request, please contact me.

FINANCIAL INSTITUTION NAME:

ADDRESS:

CITY:

STATE:

ZIP:

FAX NUMBER:

EFFECTIVE DATE:

The following account number(s) indicate the account(s) to be closed:

ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings / CD <input type="checkbox"/> Money Market	ACCOUNT NAME(S)
ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings / CD <input type="checkbox"/> Money Market	ACCOUNT NAME(S)
ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings / CD <input type="checkbox"/> Money Market	ACCOUNT NAME(S)
ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings / CD <input type="checkbox"/> Money Market	ACCOUNT NAME(S)
ACCOUNT NUMBER:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings / CD <input type="checkbox"/> Money Market	ACCOUNT NAME(S)
ACCOUNT NUMBER:	<input type="checkbox"/> Other	ACCOUNT NAME(S)

Please send a check for the remaining balance to:

NAME OF ACCOUNT HOLDER(S)

ADDRESS

CITY:

STATE:

ZIP:

For any questions regarding this request, please contact me.

CONTACT NAME:

CONTACT PHONE:

Thank you for your attention to this request.

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE