

Account Closure Request

Use this form to notify your financial institution of the accounts you are closing. Simply complete, sign and send to your financial institution

TO: _____
Existing Financial Institution

FROM: _____
Account Holder Name(s)

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

Checking Savings/Money Market
 Other: _____
Account #: _____

Checking Savings/Money Market
 Other: _____
Account #: _____

Please send the remaining funds in these accounts to:

Firsttrust Bank Account #: _____
Address: _____
City: _____ State: _____ Zip: _____

Me, at the following address:
Address: _____
City: _____ State: _____ Zip: _____

All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped. I hereby authorize the closure of my account(s) for the principal balance plus any interest due.

Signature: _____ Date: _____

Contact me at _____ (daytime phone) if you have any questions.