

CLOSE Account



The Hicksville Bank
"Your Hometown Bank"

Form to give your previous bank to close your account/s.

Previous Institution Information

Date: _____

Financial institution's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please make the following change

Effective (date): _____, please close the following account/s:

Checking Account/s: _____

Savings Account/s: _____

Customer Information

Date: _____

Signature: _____ Name (printed): _____

Address: _____

City: _____ State: _____ Zip: _____

Joint owner signature (if applicable): _____

Joint owner print name (if applicable): _____

If you have any questions regarding this request, please contact me at this phone number: _____