



The bank that knows you by name.

# Account Closure Request Form

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

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

This form serves as a request and authorization to close my account as designated below.  
All funds including any interest earned should be mailed to:

Above Account Holder  
at address noted

Crescent Bank  
Attn: Bookkeeping  
PO Box 668  
Jasper, GA 30143

Please reference Crescent Bank Account Number \_\_\_\_\_ on all checks if being mailed directly to Crescent Bank.

All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

**Type of Account/Account Number**

**Authorization**

- Checking Account
- Savings/Money Market
- Certificate of Deposit     upon receipt     at maturity

I hereby authorize the closure of my account. All of my checks have cleared the account to be closed, and all automatic payments have been stopped.

Account Number \_\_\_\_\_

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

Account Number \_\_\_\_\_

Joint Owner: \_\_\_\_\_

- Checking Account
- Savings/Money Market
- Certificate of Deposit     upon receipt     at maturity

I hereby authorize the closure of my account. All of my checks have cleared the account to be closed, and all automatic payments have been stopped.

Account Number \_\_\_\_\_

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

Account Number \_\_\_\_\_

Joint Owner: \_\_\_\_\_

- Checking Account
- Savings/Money Market
- Certificate of Deposit     upon receipt     at maturity

I hereby authorize the closure of my account. All of my checks have cleared the account to be closed, and all automatic payments have been stopped.

Account Number \_\_\_\_\_

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

Account Number \_\_\_\_\_

Joint Owner: \_\_\_\_\_

\*\*\*Please send receipt of account closure to the address above