

REQUEST TO CLOSE ACCOUNT FORM

Current Financial Institution:

Name: _____
Address: _____
City, State, Zip: _____

Individual Information:

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

Accounts:

(circle account type)

Account Number: _____	Checking	Savings	Other
Account Number: _____	Checking	Savings	Other
Account Number: _____	Checking	Savings	Other
Account Number: _____	Checking	Savings	Other

Instructions:

Please close the above accounts and mail any remaining funds in these accounts to:

Me, at the above listed address

Western States Bank

Attn: Operations Department

1425 10th Street

Gering, NE 69341

WSB account number to be credited: _____

Signature: _____

Date: _____

Printed Name: _____

