



UnionState

www.unionstate.net

Member FDIC

Request to Close Form

Date _____

REQUEST TO CLOSE ACCOUNT

Customer Name

Please close the account(s) noted below and mail the balance, including any accrued interest to:

- Address on File
- Address provided to the right
- Union State Bank
PO Box 647
Pell City, AL 35125

Current Address

Account Number (Union State Bank)

TYPE OF ACCOUNT/ACCOUNT NUMBER

Authorization

- Checking Account**
- Savings/Money Market**

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

Current Bank

Signature

Account Number

Joint Owner

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