Close Account Form

Follow these easy steps

- 1. Complete, print and sign the form.
- 2. Send this form to your old financial institution after all of your existing activities have cleared and switched to First United Bank.

Date:/		
Financial Institution Name:		
Financial Institution Address:		
City:	State:	ZIP:
RE: Closing My Accounts		
To Whom It May Concern,		
Effective on/, I am closing below and send a check for any remaining funds Account Information		ll institution. Please close the account(s) listed
Name:		
Address:		
City:		
Day Phone: () Evening	ng Phone: ()	<u></u>
Checking Account Numbers:		
Savings Account Numbers:		
Authorized Signature:Printed Name:		
Authorized Signature (if needed):Printed Name (if needed):		