

# Account Closing Request

Previous Bank

Address

City

State

Zip

From: Primary Account Holder

Social Security Number

Secondary Account Holder

Address

City

State

Zip

Please close the following account(s) with your institution:

Account Type	Account Number	Check here to send payment immediately	Special Instructions

Forward funds to: Legends Bank

Attn : \_\_\_\_\_ (employee name)

C/O \_\_\_\_\_ (customer name)

PO Box 888 • Linn, MO 65051

Pay to the order of: Legends Bank

Together with all interest or dividends that may have become due on above listed accounts.

Primary Account Holder Signature \_\_\_\_\_

Secondary Account Holder Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Please make sure all checks and all automatic debits have been switched prior to closing your account.