

Existing Account Closing Form



@ your service

*Complete this form
and return it to your
old bank.*

To Whom It May Concern:
Please close my account described below.

Name(s) on Account

Social Security / TAX Identification Number

Account Number

Account Type

Check Only One:

No Disbursement of funds is necessary

The account balance is zero.

I have deposited a check for the balance in my new bank.

Disbursement of funds is necessary. Prepare a cashier's check
for the balance of my account payable to:

Names on account, and mail to:

Name _____

Address _____

City _____ State _____ Zip _____

United Bank for the benefit of _____
United Bank Checking Account Holder's Name

To be deposited in Account number: _____

Please include my Social Security number: _____

*Please prepare a cashier's check for the balance of my account and mail with this
form to:*

United Bank Customer Service
14426 Albemarle Point Place, Suite 100
Chantilly, VA 20151

Thank you for your prompt attention to this matter.

Sincerely,

Customer Signature

Date

Joint Account Holder Signature

Date

One form should be used for each request. Please make additional copies as needed.