



Switch Kit Account Closing Request

Date _____

To _____
(Name of Bank or Credit Union)

From _____
(Primary Account Holder)

Address _____

Please close the following account(s):

Account # _____

Checking Savings Money Market Other _____

Account # _____

Checking Savings Money Market Other _____

Account # _____

Checking Savings Money Market Other _____

Please send any funds remaining in these accounts to:

The address shown above

Treasure State Bank

Attn: _____

Address: _____

Primary Account Holder's Signature _____

Secondary Account Holder's Signature _____