ACCOUNT CLOSE NOTICE

Please complete a form for each bank that holds an account(s) you wish to close.

TO: _____
Bank

_____
Address City/State/Zip

FROM: _____
Name of Account Holder

_____
Name of Account Holder

_____
Address City/State/Zip

_____
Telephone

PLEASE CLOSE THE FOLLOWING ACCOUNTS:

Account # _____

☐ Checking ☐ Savings ☐ Money Market ☐ Other _____

Account # _____

☐ Checking ☐ Savings ☐ Money Market ☐ Other _____

Account # _____

☐ Checking ☐ Savings ☐ Money Market ☐ Other _____

AND SEND THE BALANCE(S) TO:

☐ Above address
☐ Forest Commercial Bank
One North Pack Square, Suite 301
Asheville, NC 28801
CREDIT ACCOUNT NUMBER: _____

PLEASE MAKE THE CHECK PAYABLE TO THE NAME(S) ON THE ACCOUNT:

_____
Name(s)

_____
Signature Date

Thank you for your assistance with this request.

Mail to the Financial Institution(s) with the account(s) you wish to close.
If your prefer, we'll be happy to mail them for you.