

Lynnville National Bank
Request To Close Account

To Whom It May Concern:

Please close my account described below. All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

Account Number

Name on Account

Joint Account Holder Name

Balance to Close Account

Type of Account

Check one of the following:

- () No disbursement of this account is necessary
- This account has a zero balance
 - I have written a check to complete all activity to close out the remaining balance

- () Please prepare a bank check for the balance of my account payable to:
- Lynnville National Bank, for the benefit of _____

Mail Check to:
Lynnville National Bank
215 Main St
Lynnville, IN 47619

Name(s) on new account at LNB

Checking or Savings Account Number

- () Please prepare a bank check for the balance of my account payable to name(s) listed on the account and mail to the following address:

If you have any questions, please contact _____ at _____

Thank you for your prompt attention to this matter.

Customer Signature

Joint Account Holder Signature

Date

Daytime Phone Number