



**\*If closing a Trust Account, please reference Trust Account Procedures in addition to completing this form\***

**SECTION 1: ACCOUNT INFORMATION**

Account Name: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Closing Account #: \_\_\_\_\_ New Account # (If Applicable): \_\_\_\_\_

Reason for Closing: \_\_\_\_\_

Have all automatic transfers, drafts, direct deposits been stopped?  Yes  No

Are there any cards (Debit or Bill pay) issued for this account?  Yes  No

Is this a Credit Merchant Account?  Yes  No

Does the account have Online Bill Pay or Cash Management Services?  Yes  No

Does account have Overdraft Sweep Service/Scheduled Automatic Transfers?  Yes  No

**SECTION 2: ZERO BALANCE ACCOUNTS**

Has the account reached a zero balance with no outstanding items?

Yes- Complete Section 4

No-Complete Sections 3, and 4

**SECTION 3: SPECIAL INSTRUCTIONS**

**Outstanding Checks:** Pay the following checks against the **new account specified above.**

Check #	Amount	Payee

**ACH/Draft Payments:** Honor the following items against the **new account specified above:**

\*By listing an item below, you authorize First State Bank of Bedias to notify the originating depository financial institution of your change in account number.

Company Name	Description	Approx. Draft Date	Amount

**SECTION 4: AUTHORIZATION**

Customer Signature: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Bank Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5: CLOSING ENTRY (BANK USE ONLY)**

Balance: \_\_\_\_\_

Interest: \_\_\_\_\_

Total: \_\_\_\_\_

Closed Online:  Yes  No