



## Close Account Request Form

Dear Sir or Madam:

Please accept this letter as authorization to close my account(s) listed below with your financial institution:

Account Number: \_\_\_\_\_

Account Type:     Checking     Savings

Other: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:     Checking     Savings

Other: \_\_\_\_\_

Please forward all remaining funds on deposit to:

**Bank of Lexington  
761 Corporate Drive  
Lexington, KY 40503**

Please advise Bank of Lexington to deposit the funds to my account:

Account Number: \_\_\_\_\_

Account Type:     Checking     Savings

Other: \_\_\_\_\_

Should you have any questions regarding the closure of my accounts, please feel free to call me.

Sincerely,

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_