

## Lytle State Bank

Member FDIC

## **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.	
Name on Account	
Joint Account Holder Name	Balance to Close Account
Account Number	Type of Account
<ul> <li>□ No disbursement of this account is necessary.</li> <li>○ This account has a zero balance</li> <li>○ I have written a check to complete all activity and have deposited it to my new financial institution.</li> <li>□ Please prepare a bank check for the balance of my account, payable to:</li> <li></li></ul>	
Address:	
Customer Signature	Joint Account Holder Signature

