



Account Closure Request Form

This form will notify your former bank that you are closing your account. Print, complete and mail this form to your former bank to notify them that you are closing your account and would like to receive a check for the remaining balance. To ensure a smooth transition, please ensure all checks in your old account have cleared and that automatic payments/direct deposits have been established in your new Regent Bank account before submitting this request form.

Account Closure Request

Please close my checking account:

Bank Name: _____

Account Number: _____

Primary Name on Account: _____

Secondary Name on Account: _____

Account Balance Distribution

Please send a check for the balance in the account to my/our attention at:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Authorization

Primary Account Holder Signature: _____

Date: _____

Secondary Account Holder Signature: _____

Date: _____