

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 FSBB Safe Deposit Box Draft Canceled/Corrected: Yes No N/A