

**Carroll Community Bank New Account Switch Kit**

**Request to Close Account**

**To Whom it May Concern:**

**This form gives you the authorization to close the following accounts:**

**Primary Name on Account:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please forward a check for all funds remaining in the account to the following:**

\_\_\_\_\_ **To Customer**      **or**

\_\_\_\_\_ **To Carroll Community Bank in benefit of Customer**

**To Customer:**

**Customer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**To Carroll Community Bank**

**Benefit for:** \_\_\_\_\_ **account #:** \_\_\_\_\_

**P.O. Box 358**

**Sykesville, MD 21784**

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**