



## Account Closing Request

To: \_\_\_\_\_

From: Primary Account Holder \_\_\_\_\_

Social Security Number \_\_\_\_\_

Secondary Account Holder \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Please close the following account(s) with your institution:

Account Type	Account Number	Send Payment At Once	Defer Payment Until Close of Interest Period

Pay to the order of: Bank of St. Elizabeth  
 Together with all interest or dividends that may have become due on above listed accounts.

Forward funds to: Bank of St. Elizabeth  
 P.O. Box 8  
 215 Main Street  
 St. Elizabeth, MO 65075  
 (573) 493-2313

Primary Account Holder Signature: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_

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

