Account Closure Form



Email this to your previous financial institution

Please close the following account(s) per my instructions. Previous Financial Institution: Account Type _____ Account Number to be closed Account Number to be closed Account Type Name(s) on Account(s) Address State Zip City Daytime Phone I authorize the closure of my account(s) effective as of this date Please transfer any remaining balance to: 12201 Sunrise Valley Drive BA 208 MS700 Reston, VA 20192-0002 Our Routing Number: 254074442 Account Number: _____ Certificate/CD IRA Savings Checking IRA Certificate/CD HSA Money Market Authorized Signature(s) ______ Date _____ Authorized Signature(s) ______ Date _____

Be sure to leave sufficient funds in your old account long enough for outstanding checks and automatic withdrawals to clear. Once all outstanding transactions have posted, then you can close the old account completely.