Existing Account
Closing Form

UNITED BANK
@ your service

Complete this form and return it to your old bank.

To Whom It May Concern:
Please close my account described below.

_____
Name(s) on Account

_____
Social Security / TAX Identification Number

_____
Account Number Account Type

Check Only One:

☐ **No Disbursement of funds is necessary**

☐ The account balance is zero.
☐ I have deposited a check for the balance in my new bank.

☐ **Disbursement of funds is necessary.** Prepare a cashier's check for the balance of my account payable to:

☐ Names on account, and mail to:

Name _____

Address _____

City _____ State _____ Zip _____

☐ United Bank for the benefit of _____
United Bank Checking Account Holder's Name

To be deposited in Account number: _____

Please include my Social Security number: _____

Please prepare a cashier's check for the balance of my account and mail with this form to:

United Bank
Customer Service Center
P. O. Box 393
Charleston, WV 25392-0393

Thank you for your prompt attention to this matter.

Sincerely,

_____
Customer Signature Date

_____
Joint Account Holder Signature Date

One form should be used for each request. Please make additional copies as needed.