



Close Account Request Form

Dear Sir or Madam:

Please accept this letter as authorization to close my account(s) listed below with your financial institution:

Account Number: _____
Account Type: Checking Savings
Other: _____

Account Number: _____
Account Type: Checking Savings
Other: _____

Please forward all remaining funds on deposit to:

**Bank of Lexington
761 Corporate Drive
Lexington, KY 40503**

Please advise Bank of Lexington to deposit the funds to my account:

Account Number: _____
Account Type: Checking Savings
Other: _____

Should you have any questions regarding the closure of my accounts, please feel free to call me.

Sincerely,

Print Name: _____

Signature _____ Date: _____