

# IT'S TIME

USE THIS FORM  
TO HELP YOU  
MAKE THE SWITCH.



## PLEASE CLOSE MY ACCOUNT

### Account Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bank's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

To Whom It May Concern:

Please close my account # \_\_\_\_\_  
and send a check for the remaining balance to me  
at the address below. If you have any questions  
about this request, please contact me at:

\_\_\_\_\_  
Phone Number

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Co-Signer Signature

\_\_\_\_\_  
Co-Signer's Name (please print)

**Mail this completed form to your old financial institution.**

[www.alliedfirst.com](http://www.alliedfirst.com)

(800) 272-3286

(630) 554-8899

Fax: (630) 554-3311

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