

Account Closing Request

Previous Bank_____

Address_____

City _____ State _____ Zip _____

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	Check here to send payment immediately	Special Instructions

Forward funds to: Legends Bank

Attn : _____ (employee name)

C/O _____ (customer name)

PO Box 888 • Linn, MO 65051

Pay to the order of: Legends Bank

Together with all interest or dividends that may have become due on
above listed accounts.

Primary Account Holder Signature_____

Secondary Account Holder Signature_____

Date_____

*Please make sure all checks and all automatic debits have been switched prior to closing your account.