



Welcome New York Community Bank customer - please complete this form and provide it to your existing Bank in order to process closing your account with them.

# EXISTING ACCOUNT CLOSING FORM

Please close my account listed below and forward me a check for the total balance (plus any interest accrued if applicable) to the address listed below.

Existing Bank Name: \_\_\_\_\_

Existing Account Number: \_\_\_\_\_

Account Holder Name(s): \_\_\_\_\_

Type of Account:     Checking                       Savings                       Money Market

Social Security Number: \_\_\_\_\_

If you require any additional information you can reach me at: \_\_\_\_\_

Please mail cashiers check made payable to:

Account Holder Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Thank you for your prompt attention to this matter.

Sincerely,

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_