

ACCOUNT CLOSING FORM

Please print and 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 ID Number
Account Number
Account Type

CHECK ONLY ONE

- No disbursement of funds is necessary. The account balance is zero.
- Disbursement of funds is necessary. Prepare a cashier's check for the balance of my account payable to

- Name(s) on the account, and mail to:

Name

Address

City

State

Zip

- Community Bank of the Chesapeake

To be deposited in account number _____

Please include my name and Social Security number _____

Please mail the cashier's check to:

Community Bank of the Chesapeake

P.O. Box 38

Waldorf, MD 20604

Thank you for your prompt attention to this matter.

Sincerely,

Customer Signature _____ Date _____

Joint Account Holder _____ Date _____



Member FDIC

888-745-2265 | cbtc.com

Community Bank
of the Chesapeake 