



Closed Account Form

Complete this form to close your current bank account, and return to Astra Bank.

Dear Sir or Madam:

I hereby request that the following account(s) with your institution to be closed:

Name(s) on Account

Account Number

Type: Checking Savings Other: _____

Reason for closing the account:

Please prepare a cashier's check for the balance of my account and mail to:

Mailing Address _____

City/St/Zip _____

***If above address is different than current mailing address, please indicate below:**

Current Mailing Address _____

City/St/Zip _____

If you have any questions, please contact me at:

(_____) _____ - _____

Thank you for your attention to this matter.

Account Holder Signature

Joint Account Holder Signature

Date

Date