



## Account Closing Request Form

This form can be used to close your existing bank account(s) and transfer any remaining account balance(s) to your new Kitsap Bank account. Before submitting this form to your existing bank, please ensure that all checks have cleared on the account. In addition, be sure to switch all withdrawals and deposits to your new Kitsap Bank account.

To (Company Name) \_\_\_\_\_

Company Address \_\_\_\_\_

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

From (Name) \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

### RE: Account Closing Request

To Operations Manager:

Please close the following accounts with your institution effective as of \_\_\_\_\_

Account Number \_\_\_\_\_

Checking     Savings     Money Market     CD, at maturity     Other \_\_\_\_\_

Account Number \_\_\_\_\_

Checking     Savings     Money Market     CD, at maturity     Other \_\_\_\_\_

Account Number \_\_\_\_\_

Checking     Savings     Money Market     CD, at maturity     Other \_\_\_\_\_

### Deposit Instructions

Please deposit per my request below:

Kitsap Bank  
PO Box 9  
Port Orchard, WA 98366

Routing Number **125102906**

Account Number \_\_\_\_\_

Amount \_\_\_\_\_ or  Balance of Account

I authorize:

- The listed entity to close the accounts listed here.
- The transfer of my funds, including accrued interest, to my Kitsap Bank account as indicated.
- Kitsap Bank to credit entries to my account as specified.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Original Signature Required