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Account Closure Form

Financial Institution

Date

Address

City, State, Zip

To Whom It May Concern:

Please close the following account(s):

_____ Checking Savings Money Market Other
Account Number

_____ Checking Savings Money Market Other
Account Number

_____ Checking Savings Money Market Other
Account Number

Please send any remaining funds in the account(s) to:

Name

Phone Number

Mailing Address

City

State

Zip

X _____
Primary Account Holder Signature

X _____
Secondary Account Holder Signature