

Close Account Form

Send this form to your previous financial institution. Any remaining balance will be sent to your new Ent Checking Account.

NAME OF FINANCIAL INSTITUTION

ADDRESS

CITY, STATE, ZIP

I hereby authorize the closure of my account(s). I understand that I will need to verify all checks and automatic debits have cleared before the account is closed. I have made arrangements to switch any automatic debits and automatic deposits I have associated with this account.

ACCOUNT HOLDER NAME

ACCOUNT NUMBER(S)

CHECKING ACCOUNT NUMBER

JOINT OWNER NAME (IF APPLICABLE)

ADDRESS

CITY, STATE, ZIP

DAYTIME PHONE NUMBER

Please forward any remaining funds in the form of a check to my new account at:

Ent
P.O. Box 15819
Colorado Springs, CO 80935-5819

ACCOUNT NUMBER AND SHARE ID

PRINTED NAME

SIGNATURE

DATE