



Locations and Hours available at
www.sterbank.com

Closing my Previous Account

Date _____

Bank Name _____

Address _____

City _____ State _____ Zip _____

Please close the following account.

Account Number _____

Please send a check for the remaining balance to the address listed below.

You may contact me at the following phone number if you have any questions about this request.

Phone _____ Day Evening

Sincerely,

Signature _____

Name (please print) _____

Co-Signer

Co-Signer Signature _____

Co-Signer Name (please print) _____

Address _____

City _____ State _____ Zip _____