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| **CUSTOMER INFORMATION** |

Primary Account Holder Name: Date:

Joint Account Holder Name (if applicable):

Address:

City, State, UT:

Phone Number:

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| **ACCOUNT INFORMATION** |

**Please close the following account(s):**

 Checking Account Number(s):

 Savings/Money Market Account Number(s):

 Certificate of Deposit Account Number(s):

You are hereby requested to transfer the assets now held by you according to the following:

 Please send a check – make payable for benefit of the Account Holder(s) listed above and forward to:

 Continental Bank

 FBO: Accountholder’s name(s)

 15 W. South Temple Ste 300

 Salt Lake City, UT 84101

 Please wire to:

 Continental Bank

 15 W. South Temple Ste 300

 Salt Lake City, UT 84101

 Routing Number: xxxxxxxxx

 For Credit to: Business name as well as last five digits of the EIN

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| **AUTHORIZATION** |

Please accept this letter as my written authorization to close my account(s) at your financial institution. Please send the remaining funds as specified above. I am aware of the possible penalties that will be incurred if a Certificate of Deposit is redeemed prior to maturity. If you have any questions regarding this request, please contact me at the phone number or address listed.

Primary Account Holder Signature: Date:

Joint Account Holder Signature (if applicable): Date: