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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: