

CLOSE ACCOUNT

Date _____

Bank's Name _____

Address _____

City, State, Zip _____

To Whom It May Concern:

Please close the accounts listed below, and send me a check for the remaining balance and any interest to the address listed below.

Seacoast National Bank
Attn: Telephone Banking Center
P.O. Box 9012
Stuart, FL 34995

If you have any questions about this request, please contact me during the **DAY / EVENING** (*circle one*)
at (_____) _____ (*phone number*).

Account Number(s)

Checking Account(s) _____

Savings Account(s) _____

Money Market Account(s) _____

Certificate of Deposit(s) _____ (*Maturity Date*) _____

Please close my CD upon maturity.

Please close my CD immediately. I understand there may be penalties for withdrawing before the maturity date.

Thank you.

Sincerely,

Signature _____

Name (*please print*) _____

Address _____

City, State, Zip _____

Co-Signer Signature _____

Co-Signer Name (*please print*) _____

