



## Account Closure Request Form

Once all your payments and checks have cleared, you can close your old account by completing this form and mailing it to your old bank

### Previous Bank Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Previous Account # \_\_\_\_\_  
Primary Account Holder Name \_\_\_\_\_  
Joint Account Holder Name(s) \_\_\_\_\_

### Your Information

This letter is to inform you that I have decided to close the account noted below as of \_\_\_\_/\_\_\_\_/\_\_\_\_.

Please close the account(s) noted below and mail the balance with any interest earned to my address.

Please close the account(s) noted below and wire the balance with any interest to my new Bank of Indiana Account noted below.

Deposit \_\_\_\_\_ \$ of my net pay or paycheck to Bank of Indiana ABA Routing #074906347, Account \_\_\_\_\_

Account 1:

Old Account # \_\_\_\_\_ New Account # \_\_\_\_\_  
Old ABA Routing # \_\_\_\_\_ Bank of Indiana ABA Routing # 074906347

Account 2:

Old Account # \_\_\_\_\_ New Account # \_\_\_\_\_  
Old ABA Routing # \_\_\_\_\_ Bank of Indiana ABA Routing # 074906347

### Receiving Institution Information

Name: **Bank of Indiana** Address: **129 Maple Street, PO Box 138** City: **Dana** State: **IN** Zip: **47847**  
Bank ABA Routing #**074906347**

### Please include the following items with all wires

Bank of Indiana Account # \_\_\_\_\_  
Account Type \_\_\_\_\_ (checking or savings)

Upon Closure, please send me written confirmation of the date this change will be effective on your system.

Primary Account Holder (Print Name) \_\_\_\_\_ (signature) \_\_\_\_\_

I authorize \_\_\_\_\_ (the source of my payment) to initiate credit entries and, if necessary, to initiate any debit entries to correct erroneous credit to my account at Bank of Indiana. I understand that this authorization replaces any previous authorization and will remain in effect until the company named above receives written notification from me of its revocation in such time as to afford the company and depository a reasonable time to terminate one direct deposit.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

### **Please direct all debit and credit entries to:**

Bank of Indiana  
129 Maple Street, PO Box 138  
Dana, IN 47847  
1-877-320-5170

**REMEMBER TO KEEP COPIES OF ALL DOCUMENTS FOR YOUR PERSONAL RECORDS  
EQUAL HOUSING LENDER / MEMBER FDIC**