

Close Account Request Form

Individual Account

Joint Account

Name: _____

Name: _____

(If joint account, please provide secondary accountholder's name)

Address: _____ Daytime Phone: _____

City, State, ZIP: _____

I authorize _____ (name of current bank)
hereinafter referred to as "Originating Depository Bank", to close the below referenced account.
All my checks have cleared the account which is being closed and all direct deposits and automatic
payments have been stopped.

Account Name: _____

Routing Number: _____

Account Type:

Checking

Savings

Closing Balance \$ _____ (plus interest, if applicable)

Proceeds from the above referenced account are to be mailed to:

Blue Foundry Bank

Branch: _____

Bank Employee: _____

Date: _____

Upon receipt, the funds will be credited to our customer accordingly. The receipt of said
proceeds via mail will serve as confirmation that the account has been formally closed.

Customer Signature: _____ Date: _____

Joint Accountholder Signature: _____ Date: _____