



Account Closing Change Form

(Send this form to your previous financial institution)

Thank you for your prompt attention to this request. Please accept this form as written notification to close my account at your financial institution. If you have any questions about this account closing request, please contact me immediately.

Please send remaining funds by check and a copy of this form to:

Monroe Bank & Trust
Attn: Bank By Mail
102 East Front Street
Monroe, MI 48161

To (Previous Institution Information):

Previous Institution: _____
RE: **REQUEST TO CLOSE ACCOUNT**
Account # to be closed: _____
Address: _____
City: _____ ST: _____ Zip: _____

From (Personal/Business Information):

My Name/Business Name: _____
Account Co-Owner: _____
Pers./Bus. Address: _____
City: _____ ST: _____ Zip: _____
Phone #: _____
SSN#/Tax ID#: _____

Effective Date: Immediately Date: _____

Account type to be closed:

Checking Savings Money Market Other _____

Authorized Signer: _____ Date: _____

Authorized Signer: _____ Date: _____

Attention MBT:

Please deposit funds into my MBT Account #: _____