

REQUEST FOR ACCOUNT CLOSING

SECTION I: GENERAL INFORMATION

Name: _____
Street Address: _____
City, State, and Zip Code: _____
Daytime Phone: _____
Home Phone: _____

SECTION II: ACCOUNT INFORMATION

Account Number: _____
Type of Account: _____
Amount to Transfer: _____

Account Number: _____
Type of Account: _____
Amount to Transfer: _____

Account Number: _____
Type of Account: _____
Amount to Transfer: _____

Account Number: _____
Type of Account: _____
Amount to Transfer: _____

SECTION III: RECIPIENT INFORMATION

Five Star Bank
Address: _____
Phone Number: _____

SECTION IV: METHOD OF TRANSFER

Five Star Bank: Check ACH Wire Funds**

Routing Account Information:
Routing Number: _____ 022304030
Account Number: _____

**Fees may apply from closing institution.
**Reference the Five Star Bank Consumer and Business Fee Schedule for the most current listing of fees.

SECTION V: CLOSE REQUEST AND SIGNATURES

I authorize and direct you, _____
the present financial account holder, to send as a transfer the
assets indicated in Section II to the attention of the recipient
named in Section III to be deposited on my behalf.

X: _____
Signature of Account Owner
Date _____

X: _____
Signature of Financial Institution
Date _____

