



ACCOUNT CLOSE FORM

Please accept this form as written notification of my intent to close the following account(s) at your institution.

Account Number	
Account Number	
Account Number	

Account Number	
Account Number	
Account Number	

Please send the remaining balance to:

Issue check directly to First Bank & Trust Co. in my care.

First Bank & Trust Co.
PO Box 580
Duncan, OK 73534
877.976.2265

Issue check directly to my address listed below.

Name	
Address	
City, State, Zip	
Phone Number	

Signature: _____

Date: _____