

Account Closing Request

Financial Institution: _____

From: Primary Account Holder: _____

Social Security Number: _____

Joint Account Holder: _____

Mailing Address: _____

City, State, Zip: _____

Please close the following account(s) with your institution:

<i>Account Type</i>	<i>Account #</i>	<i>Send Payment at Once</i>	<i>Defer Payment Until Close of Interest Period</i>

Pay to the Order of: **Grandview Bank F/B/O** _____

Together with all interest or dividends that may become due on above listed accounts.

Forward Funds to: **Grandview Bank**
P O BOX 1779
Cleburne TX 76033

Primary Account Owner Signature: _____

Joint Account Owner Signature: _____

Date: _____

