



SWITCH KIT

EXISTING ACCOUNT CLOSING FORM

Complete this form and send it to your old Financial Institution.

Please close my account(s) as described below.

Name(s) on Account(s)

Social Security/Tax Identification Number

Account Number Account Type: Checking Savings

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Check Only One:

Please send the balance of my account(s) to:

Account balance is zero. No disbursement is necessary

Account holder(s) at the following address:

Name _____
Address _____
City _____ State _____ Zip _____

Commercial Bank for the benefit of _____
Commercial Bank Account Title

To be deposited in Account number: _____
Commercial Bank Account Number

**Commercial Bank
Customer Service Center
2330 West Port Plaza Drive
St. Louis, MO 63146**

I authorize the closing of this account.

Customer Signature _____ Date _____

Joint Account Holder Signature _____ Date _____

Commercial Bank
2330 West Port Plaza Drive
St. Louis, MO 63146
314.434.4141