

Account Closing Request

To: _____

From: Primary Account Holder _____

Social Security Number _____

Secondary Acct. Holder _____

Mailing Address _____

City, State, Zip _____

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

Account Type	Account #	Send Payment at Once	Defer Payment Until Close of Interest Period

Pay to the Order of: **National Bank & Trust** F/B/O _____

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

Forward Funds to: **National Bank & Trust**

P.O. Box 310

La Grange, TX 78945

Primary Account Holder Signature: _____

Secondary Account Holder Signature: _____

Date: _____

