

**Existing Account  
Closing Form**



*Complete this form  
and return it to your  
old bank.*

*To Whom It May Concern:  
Please close my account described below.*

\_\_\_\_\_  
Name(s) on Account

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Type

Check Only One:

**No Disbursement of funds is necessary**

The account balance is zero

I have deposited a check for the balance in my new bank.

**Disbursement of funds is necessary.** Prepare a cashier's check for the balance of my account payable to:

Names on account, and mail to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Tompkins Bank of Castile for the benefit of \_\_\_\_\_  
Tompkins Bank of Castile Checking Acct Holder's Name

To be deposited in Account Number: \_\_\_\_\_

***Please prepare a cashier's check for the balance of my account, with the account number above and mail to:***

**Tompkins Bank of Castile**

50 North Main St.

PO Box 129

Castile, NY 14427

*Thank you for your prompt attention to this matter.*

*Sincerely,*

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Account Holder Signature

\_\_\_\_\_  
Date

One form should be used for each request. Please make additional copies as needed.