Existing Account
Closing Form

CONDON BANK & TRUST *Member FDIC*

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

Social Security / TAX Identification Number

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 _____

☐ Condon Bank & Trust for the benefit of _____
Condon Bank & Trust Account Holder's Name

To be deposited in Account Number: _____

Please include my Social Security Number: _____

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

Condon Bank & Trust
Customer Service
P O Box 937
Coffeyville, KS 67337

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.