



MetroBank
Moving You Forward

CLOSE ACCOUT

To: _____

Address: _____

Phone/Fax# : _____

The following account numbers indicate the accounts to be closed:

Checking: _____ Account Owners: _____

Checking: _____ Account Owners: _____

Savings: _____ Account Owners: _____

Savings: _____ Account Owners: _____

Money Market: _____ Account Owners: _____

Money Market: _____ Account Owners: _____

CD: _____ Account Owners: _____

CD: _____ Account Owners: _____

Other: _____ Account Owners: _____

Other: _____ Account Owners: _____

If you have any questions about this, please contact me immediately. Otherwise, please send any remaining funds by check to the following address:

FINANCIAL INSTITUTION NAME: METROBANK

MAILING ADDRESS: P O Box 5369

CITY: Douglasville STATE: Georgia ZIP: 30135

PHONE NUMBER: 770-489-4443

Sincerely,

Signature

Joint Owner Signature

Name (please print)

Joint Owner Name (please print)

Street Address

City, State Zip

