



**MONROE BANK
& TRUST**

SWITCH TO MONROE BANK & TRUST

Account Closing Change Form

Send this form to your previous financial institution

Thank you for your prompt attention to this request.
Please accept this form as written notification to close my account at your financial institution. If you have any questions about this account closing request, please contact me immediately.

Please send remaining funds by check and a copy of this form to:

MONROE BANK & TRUST
ATTN: BANK BY MAIL
102 EAST FRONT STREET
MONROE, MI 48161

To (Previous Institution Information)

Previous Institution: _____

RE: **REQUEST TO CLOSE ACCOUNT**

Account # to be closed: _____

Address: _____

City _____ ST _____ Zip _____

Effective Date:

Immediately

Date: _____

Account type to be closed:

Checking

Savings

Money Market

Other _____

From (Personal/Business Information)

Your Name/Business Name: _____

Account Co-Owner: _____

Pers./Bus. Address: _____

City _____ ST _____ Zip _____

Phone: _____

SSN# / Tax ID# _____

Authorized Signer: _____

Date: _____

Authorized Signer: _____

Date: _____

Attention Monroe Bank & Trust

Deposit funds into my Account # _____



800.321.0032 mbandt.com