

**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 Mahopac Bank for the benefit of _____
Tompkins Mahopac Bank 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 Mahopac Bank

Customer Care Center

1441 Route 22

Brewster, NY 10509

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.