



## Account Closure Form

Date \_\_\_\_\_  
 Customer Name \_\_\_\_\_  
 Account Number \_\_\_\_\_

Do you have any outstanding checks on this account? Yes No

Do you have a VISA check card or ATM card? Yes No  
 (If yes, card must be closed on the system by Personal Banker)

Do you have any electronic drafts or bill payments that come out of this account? Yes No

Does this account cover overdrafts? Yes No

Is there an OD LOC tied to this account? Yes No

Does the customer have:

- Bill Payment/Checkfree Yes No
- Online Banking Yes No
- Cash Management Products (business online banking, view accounts, transfers, ACH, RDC, Wires) Yes No
  - Can user still access accounts online Yes No

If all relationships are being closed, please read:

I agree for my On-line Banking access and Bill Payment to be discontinued, Please initial here for acknowledgement \_\_\_\_\_

Reason for closing the account:

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I agree to close my account with The Piedmont Bank. I consent that all of the information on this form is true to my knowledge.

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Customer Signature

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Bank Representative