

Account Closure Form

This form should be sent to your previous financial institution once you have opened your account with SNB Bank, National Association and all of your checks, debit card transactions, automatic payments and direct deposits have cleared your old account.

Previous Financial Institution

Name of Institution _____

Address _____

City, State, Zip _____

Phone _____

Account Number _____

Customer Information

Name _____

Address _____

City, State, Zip _____

Phone _____

Social Security Number _____

Joint Owner (if applicable) _____

Please mail remaining balance to:
SNB Bank, National Association
P.O. Box 39
Shattuck, OK. 73858

I authorize the closing of my account and all balances to be forwarded to my new account at SNB Bank, National Association. In addition to all my checks having cleared the account to be closed, all direct deposits and automatic payments have been changed.

Signature of Account Owner

Date