

ACCOUNT CLOSING FORM

Please complete this form, print, sign and mail it to:

Union Bank & Trust
Attn: Call Center
PO Box 82535
Lincoln, NE 68501-2535

Reason for Closing:

Moving Choosing New Bank Consolidating Accts

Other: _____

Please close the following bank account(s):

Name on Account: _____

Checking Account Number: _____

Savings Account Number: _____

CD Account Number: _____

Additional Services to Cancel:

Automatic Funds Transfer ATM Card

Visa Debit Card Visa Credit Card

BillPay RoundUp

All remaining balances should be sent to me at the following address:

Address: _____

City: _____ State: _____ Zip: _____

Phone Number for Verification

Daytime Phone: _____ Evening Phone: _____

Signature: _____

Printed Name: _____ Date: _____