



Kaw Valley State Bank

Account Closing Request Form

Previous Bank _____

Address _____

City _____ State _____ Zip _____

From: Primary Account Holder _____

Social Security Number _____

Secondary Account Holder _____

Address _____

City _____ State _____ Zip _____

Please close the following account (s) with your institution:

Account Type	Account Number	Check here to send payment immediately	Special Instructions

Forward funds to: Kaw Valley State Bank

Attn: _____ (employee name)

C/O _____ (customer name)

1015 Kaw Valley Park Circle, Wamego, KS 66547

Pay to the order of: Kaw Valley State Bank

Together with all interest or dividends that may have become due on above listed accounts.

Primary Account Holder Signature _____

Secondary Account Holder Signature _____

Date _____

*Please make sure all checks and all automatic debits have been switched prior to closing your account.