



**REQUEST TO CLOSE ACCOUNT: CLIENT NOT PRESENT**

Must be signed in the presence of a Notary Public

Mail completed requests to 600 E 84<sup>th</sup> Ave Merrillville IN, 46410 Attn: Research Department

Name	Date
Address	
Last 4 Digits of SSN	Phone Number

I request to close the following account(s):

DDA <input type="checkbox"/>	SAV <input type="checkbox"/>	CD <input type="checkbox"/>	Account Number	<input type="text"/>
DDA <input type="checkbox"/>	SAV <input type="checkbox"/>	CD <input type="checkbox"/>	Account Number	<input type="text"/>
DDA <input type="checkbox"/>	SAV <input type="checkbox"/>	CD <input type="checkbox"/>	Account Number	<input type="text"/>
DDA <input type="checkbox"/>	SAV <input type="checkbox"/>	CD <input type="checkbox"/>	Account Number	<input type="text"/>

<input type="checkbox"/>	Please deposit the funds into my DDA	<input type="text"/>
	SAV	<input type="text"/>

**OR**

<input type="checkbox"/>	Please mail an Official Check to me at the address listed above.
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\_\_\_\_\_  
Client Signature Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ proved to me on the basis of satisfactory evidence to be the person who appeared before me.

**Place Notary Seal Below:**      Notary Signature: \_\_\_\_\_  
Notary Print Name: \_\_\_\_\_