



Community National Bank

Banking Centers in Hondo, Castroville, Lytle, and La Coste Texas

Deposit Account Switch Kit

Closed Account Request



Date _____

Company _____

Address _____

City, State, Zip _____

To Whom It May Concern:

This letter serves as a request to close account # _____

Please send me a check for the remaining balance to the address below.

Name _____

Address _____

City, State, Zip _____

Signature _____

Name _____

Please Print

Co-signer Signature _____

Co-signer Name _____

Please Print