



### Request to Close Account

Account # \_\_\_\_\_ Account Type: \_\_\_Checking \_\_\_Savings \_\_\_Money Market  
Account Owner/Business Name: \_\_\_\_\_  
Person Requesting Account Closure: \_\_\_\_\_ Account Relationship: \_\_\_\_\_

<b>Current Balance:</b> \$ _____	
<b>+Interest Due:</b> \$ _____	
<b>-Early Closure Fee:</b> \$ _____ <b>10.00</b> (applies if account is open less than 30 days)	
<b>Total Due:</b> \$ _____	
<b>Funds Distribution (choose method):</b>	
___ Withdrawal funds in cash (must be completed in person in a DSB lobby).	
___ Transfer balance to another DSB deposit account. Account # _____	
___ Mail check payable to primary owner and address listed on account.	
___ Mail check to another financial institution for your benefit. Details _____	
___ Account had an overdrawn balance. Made deposit to bring balance to zero and closed account.	
<b>Reason for Closure:</b>	
___ Combined with another DSB account	___ Closed Business/Organization
___ Marriage	___ Moving
___ Death of Owner	___ Divorce/Separation
___ Fraud/Stolen Checks	___ Dissatisfied with Service (please explain below)
___ Other (please explain)	Notes/Explanation: _____

Have you stopped all ACH direct deposits and drafts? \_\_\_ Yes \_\_\_ No Notes: \_\_\_\_\_  
Does this account have ATM/debit card linked to it? \_\_\_ Yes \_\_\_ No Date of last transaction: \_\_\_\_\_  
Number of cards linked: \_\_\_\_\_ Date card(s) closed or relocated: \_\_\_\_\_  
Does the account have DSB Bill Pay? \_\_\_ Yes \_\_\_ No Are there any payments pending? \_\_\_ Yes \_\_\_ No  
Does this account receive CSISafe electronic statements? \_\_\_ Yes \_\_\_ No  
Is there a safe deposit box linked to this account for direct draft? \_\_\_ Yes \_\_\_ No

Are there any outstanding checks, drafts, or card transactions on the account? \_\_\_ Yes \_\_\_ No  
Of those outstanding items, should any of them be honored through another account? \_\_\_ Yes \_\_\_ No (if yes, please list in detail) \_\_\_\_\_

Process above listed transactions through account number: \_\_\_\_\_

***NOTICE-All items will be returned unpaid due to account closure unless they are listed above!***  
*I understand that I will be responsible for any outstanding debits on the affected account if they have not cleared prior to the account closure. The account holder also agrees to hold harmless and indemnify the bank for all expenses, costs, and damages incurred by the account holder concerning any debits returned unpaid after the account is closed.*

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Request Taken By: \_\_\_\_\_ Branch Location: \_\_\_\_\_

<b>For Internal Use Only:</b>	Verify Closing Balance _____	Set Reason Code _____
	Post-Restriction Set _____	Remove Compensating Accounts _____
	Disable RUS Settings _____	Confirm ACH Activity Has Ended _____
	Remove Combined Statements _____	Delete Auto-Transfers _____
	Delete Transfer Rights Under All Signers _____	Remove Acct From Any Safe Deposit Box Direct Charge _____