



ZIP Code

State

DEPOSIT ACCOUNT CLOSURE REQUEST

PART 1: Account Information

Account Title

Account Number

PART 2: Funds Disbursement Options

Mail a check to the address on record

Mail a check to an alternate address indicated below (Part 5 must be completed if this is checked)

Address

Note: Closeout check will be made payable to the account title of record:

PART 3:	Closure Details
Reason for the	e closure:
Accou	nt owner is deceased (Death Certificate or additional documentation may be required)
Accou	nt service issue (please explain):

City

Other (please explain): ___

PART 4: Signature (required)

The individual signing below must be an account owner or an authorized signer on the above-referenced account to close the account. Please refer to the "Account Closing" section of The Bancorp Bank, N.A. Account Agreement Terms and Conditions for details.

Signature of Account Owner/Authorized Signer

Date (mm/dd/yyyy)

Print Name

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PART 5: Notary Acknowledgment

This part is required ONLY when requesting that the check be mailed to an alternate address.

State of	County of			
State	County			
Subscribed and sworn to before me, a Not	ary Public, this Day	day of Month	, Year	
by Claimant		,who proved to m	me on the basis of satisfactory evidence to be the p	oerson
whose name is subscribed to the within ins	trument, and acknowledged	to me that he/she execute	ted the same in his/ her authorized capacity.	
WITNESS my hand and official seal:		Seal:		
Signature of Notary Public				
Print Name of Notary Public				
My commission expires: Date	_			

Please **mail or fax** this completed form to the address below. Please note that if a notary is required because an alternative address is being used, the original notarized document must be mailed. The account closure will be processed after we have received all documents needed to validate the request.

cfd Banking Services Attn: Customer Service Center 409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5680