



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