ATLASBANK
Helping build your financial world since 1900

# Account Closure Request Form

*Use this form to redirect your automatic payment or direct deposit to your new Atlas Bank Account.*

To:

Financial Institution _____

Mailing Address _____

_____

To Whom It May Concern:

**Please accept this letter as authorization to close the following account(s) in the name of:**

Business Name _____

Account #: _____ ☐ Checking ☐ Savings ☐ Money Market ☐ Other

Account #: _____ ☐ Checking ☐ Savings ☐ Money Market ☐ Other

Account #: _____ ☐ Checking ☐ Savings ☐ Money Market ☐ Other

Account #: _____ ☐ Checking ☐ Savings ☐ Money Market ☐ Other

Please issue a bank check made payable to our business and mail it to our new financial institution's local branch:

☐ **Atlas Bank**
689 Fifth Ave
Brooklyn, NY 11215

☐ **Atlas Bank**
339 Sand Lane
Staten Island, NY 10305

Thank you for you assistance in this matter.

_____ _____
Authorized Signature 1 Authorized Signature 2 (if needed)

_____ _____
Printed name Printed name

_____ _____
Date Date

_____
Mailing Address City State Zip Phone

**If you have any questions regarding this request, please contact Atlas Bank Customer Service Dept. at (718) 768-4800.**