



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
337 Sand Lane
Staten Island, NY 10305

Thank you for your 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.