

Deposit Account Closure Notice (form #3)

Instructions: Complete this form and send to Financial Institution to close account

Name of Financial Institution _____

Name _____

Address _____

Account Number(s) _____

Social Security Number _____

Authorization

I hereby authorize the closure of my checking account and hereby state that all of my checks have cleared the account to be closed and all direct deposits and direct payments have been stopped. Please mail me the remaining balance in my account, if any, to the address I have indicated above.

Signature _____

Date: _____

Joint Signature _____

Date: _____

Questions may be directed to National Penn Bank's Information Center at 1.800.822.3321 or submit your question through our Contact Us form at <http://www.natpennbank.com/contactus/contactus.aspx>



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