



**1 • 2 • 3 Switch Kit
Existing Account Closing Form**

Please close my account listed below and forward me a check for the total balance (plus any interest accrued if applicable) to the address below.

Account Number: _____

Name on Account: _____

Type of Account: _____ Checking _____ Savings _____ Other _____

Social Security Number: _____ Date of Birth: _____

If you require any additional information, you may contact me at: _____

Please mail a Cashier's Check made payable to:

Virginia Bank & Trust, for the benefit of _____
P. O. Box 3447
Danville, VA 24543-3447

OR

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Thank you for your prompt attention to this matter.

Account Holder Signature: _____ Date: _____

Joint Account Holder Signature: _____ Date: _____

Notary:

State of _____

County/City of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____.

Notary Signature: _____ My commission expires: _____