



ACNB Bank Account Closing Form

Please use this form to notify a company of your request to close your account. Complete one form for each account to be closed.

To: _____
Company Name

Company Address

City, State and Zip

Account Number

Please close my account immediately and mail the remaining funds to me in the form of a check. Should you have any questions regarding this matter, please contact me at the phone number below. If you are unable to accept this form, please mail your authorized form to me at the address below. Thank you for your immediate attention to this matter.

Name (First/Middle/Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Signature (Required): _____ Date: _____