

*To whom it may concern -
Please close my account described below.*

*Complete this form
and return it to your
old bank.*

Name(s) on Account

Social Security / TAX Identification Number

Account Number

Account Type

Check only one:

No disbursement of funds is necessary.

The account balance is zero.

I have deposited a check for the balance in my new bank.

Disbursement of funds is necessary. Prepare a cashier's check
for the balance of my account payable to:

Names on account, and mail to:

Name

Address

City

State

Zip

Metairie Bank for the benefit of

Metairie Bank Account Holder's Name

To be deposited in Account Number:

Please include my Social Security Number:

Please prepare a cashier's check for the balance of my account, with the account number above and mail to:

Metairie Bank
Customer Service
3344 Metairie Road
Metairie, La 70001

Thank you for your prompt attention to this matter.

Sincerely,

Customer Signature

Date

Joint Account Holder Signature

Date

*One form should be used
for each request.*

*Please make additional copies
as needed.*