

ACCOUNT CLOSURE REQUEST FORM

Date _____

Name of Institution _____

Address _____

City, State, Zip _____

To Whom It May Concern: *(check one)*

As of _____
(date)

Please close the account(s) noted below and wire the balance and any interest accrued from:

Account 1 _____
(Old Account Number) _____ *(Old Routing Number)*
to HSBC Bank USA, National Association

_____ *(New Account Number)* _____ *(New Routing Number)*

Account 2 _____
(Old Account Number) _____ *(Old Routing Number)*
to HSBC Bank USA, National Association

_____ *(New Account Number)* _____ *(New Routing Number)*

Account 3 _____
(Old Account Number) _____ *(Old Routing Number)*
to HSBC Bank USA, National Association

_____ *(New Account Number)* _____ *(New Routing Number)*

Please close the account(s) noted above and mail the balance and any interest accrued to the address below.

Upon closure of the account(s), please send a confirmation to the address below.

Customer's Signature _____

Print Name _____

Title _____

Account Number with Payee _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____