BUCKEYE STATE BANK	Buckeye Sta	ate Bank	Switching	Made Sir	nple
	ACCOUN	T CLO	SING RE	QUEST	
QUICK CHECKLIST	Date	Client Name			_
convenient Buckeye State Bank Location	Financial Institution Name	Client Addre	ess		_
 Reconcile and balance your old account for any outstanding transactions 	Street Address	City	State	Zip	_
	City State Zip				
 Identify all automatic payments and direct deposits linked to your old account and facilitate the transfer of those services. DIRECT DEPOSIT TRANSFER FORM AUTOMATIC PAYMENT TRANSFER FORM 	RE: Account Number				
	Social Security Number				
 Maintain sufficient funds in both your old and new accounts until all outstanding transactions are accounted for 	I would like to request that my Checking / Savings / Money Market / Certificate of Deposit / Other (circle one) be closed. Please forward a cashier's check for the closing balance (plus any interest accrued, if applicable) to me at the address listed above. If this form is not sufficient to authorize the closure of my account, please forward the appropriate authorization form to the address listed above for my signature.				
 Close your old account ACCOUNT CLOSING REQUEST FORM 	Thank you for your assistance in th	nis matter.			
	Client Signature		Date		
	Joint Account Holder Signature		Date		
For Social Security deposit transfers, you may speed up your transfer by contacting the Social Security Administration directly at 1-800-772-1213	Note: Complete and send a copy of this form for each account being closed to your old bank. Be sure to confirm all pending transactions have cleared. Keep a copy of your request for your file.				
15 days before your expected monthly deposit.					