



CongressionalBank

Online CD Account Closing Form

Date: _____

Date Account Opened: _____

Online Certificate of Deposit Account Number: _____

Name: _____

Phone Number: _____

Address:

How is the customer receiving funds?

___ *ACH to account used for original funding-allow 2 business days for processing*

___ *Other (if marked, list special instructions below, and a representative will contact customer upon review. Further information may be required. Fees may apply).*

Close Amount: \$ _____

Special Instructions:

Customer Signature: _____

Account Officer Signature: _____

Date: _____

For Bank use only:

Received By: _____

Date Received: _____

Funds credited to internal account for ACH: _____

ACH Instructions-Bank Name: _____ Routing Number: _____

Account Number: _____

Deposit Ops Processed By: _____ Date Processed: _____

Ops. Dept. Date form was received: _____