

Account Closing Form

To whom it may concern,

Please close the following bank account(s):

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Checking |
| <input type="checkbox"/> Savings | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Money market | <input type="checkbox"/> Money market |

Name on account

Name on account

Account number

Account number

All remaining balances should be sent to me via (please check one.):

A **Automated Clearing House (ACH)**

B **Bank check**

Please provide your bank with the following transfer information:

Please mail to following address:

UMB Bank, N.A.

Bank Transit (or Routing) Number: 044000804

Type of Account: Checking

Kansas City, MO 64106

Enter your name _____

Enter your account number _____

Name _____

Address _____

City _____

State _____ Zip code _____

If your account does not have the RMA checking feature or if you do not have an RMA account, you must enter in your alphanumeric UBS Financial Services Inc. account number in the boxes below.

9	0	8	3								
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If you have any questions about this request:

Please contact me at _____

Thank you.

Sincerely,

Signature

Printed name

Date