

DEPOSIT ACCOUNT CLOSURE REQUEST

PART 1: Account Information

Account Title

Account Number

PART 2: Funds Disbursement Options

Mail a check to the address on record

Mail a check to an alternate address indicated below (Part 5 must be completed if this is checked)

Address

City

State

ZIP Code

Note: Closeout check will be made payable to the account title of record:

PART 3: Closure Details

Reason for the closure:

Account owner is deceased (Death Certificate or additional documentation may be required)

Account service issue (please explain): _____

Other (please explain): _____

PART 4: Signature (required)

The individual signing below must be an account owner or an authorized signer on the above-referenced account to close the account. Please refer to the "Account Closing" section of The Bancorp Bank, N.A. Account Agreement Terms and Conditions for details.

Signature of Account Owner/Authorized Signer

Date (mm/dd/yyyy)

Print Name

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PART 5: Notary Acknowledgment

This part is required ONLY when requesting that the check be mailed to an alternate address.

State of _____ County of _____
State County

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, _____
Day Month Year

by _____, who proved to me on the basis of satisfactory evidence to be the person
Claimant

whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/ her authorized capacity.

WITNESS my hand and official seal:

Seal:

Signature of Notary Public

Print Name of Notary Public

My commission expires: _____
Date

Please **mail or fax** this completed form to the address below. Please note that if a notary is required because an alternative address is being used, the original notarized document must be mailed. The account closure will be processed after we have received all documents needed to validate the request.

Advisor Bank Attn: Customer Service Center
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5680