

Request to Close Account

COMPANY INFORMATION

Client Name:		
Tax ID Number (If foreign please indicate "	'Foreign"):	
ACCOUNTS TO BE CLOSED		
Account Number:	Account Number:	
Account Number:		
REASON FOR CLOSURE		
Brief explanation for closure:		
REMITTANCE INSTRUCTIONS		
☐ Transfer Funds to Another SVB Accour	nt	
Name on Account:		
A a a a const. No constante		
☐ Cashier's Check Request		
Payable To:		
Attn:		
Mailing Address (may not be a PO Box):		
City:		
AUTHORIZATION		
Authorized Signature	Date	
Print Name	Title	
Authorized Signature*	Date	
Print Name	Title	
*To be used only if Client's SVB Bank Dep	ositor Agreement specifies that two	o signatures are required.

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