

Account Closure Notice

Complete this form and mail to your previous financial institution after your new Quinnipiac Bank & Trust account is open and all of your direct deposit, automatic payments, etc. with all your old account have been settled.

Information About Your Previous Financial Institution

Name of institution

Account Number

Institution's Street Address

City State Zip Code

Information About You

Primary Account Owner Name

Primary Account Owner Social Security Number

Joint Owner Name (if applicable)

Joint Owner Social Security Number (if applicable)

Telephone Number

Please Mail Balance to:

Quinnipiac Bank & Trust Company
2600 Dixwell Ave
Hamden, CT. 06514
(203) 287-1293

Quinnipiac Bank & Trust Account #
I authorize the closing of my account and forwarding of the balance to my new Quinnipiac Bank & Trust account. All my checks have cleared and all direct deposit and automatic payments have been stopped.

Primary Account Owner Signature Date

Joint Owner Signature (if applicable) Date