Calder Bank & Trust, N.A.

Request to Close a Deposit Account

Form CBT-114 (Rev. 03/2024)

SECTION 1. ACCOUNT HOLDER

Name of account holder(s), as carried on the account:

Account number(s) to be closed:

SECTION 2. DISPOSITION OF BALANCE

Check one. If no box is checked, the balance is issued by official check to the address of record and the account is closed on receipt.

- [ ] Transfer to Calder account number _____
- [ ] Official check to the address of record
- [ ] Outgoing wire (attach wire instruction form CBT-219; the outgoing wire fee applies and is deducted from the balance)

SECTION 3. ITEMS OUTSTANDING

The account holder remains responsible for items presented after closing. Debit card authorizations placed before closing may post afterward. We recommend leaving the account open for thirty days after the last recurring payment has been redirected.

SECTION 4. SIGNATURE

All account holders must sign. Signatures must match the signature card on file.

Signature _____ Date _____

Signature _____ Date _____

Return to any Calder office or mail to Deposit Operations, 401 Market Street, Chattanooga, TN 37402.

For office use: verified by _____ CIF _____ closed _____