

Make the switch to OceanFirst Bank



Request to Close Account Notice

To: _____ From: _____

Please close the account(s) indicated below and mail me the balance, including any accrued interest to:

Me, at the address indicated below OceanFirst Bank at the address indicated below

Street: _____

State: _____ Zip: _____

Account Number: _____

All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

Checking Account

Account Number: _____

Authorization

I hereby authorize the closing of my checking account. All my checks have cleared the account to be closed and all the direct deposits and automatic payments have been stopped.

Signature: _____

Joint Owner: _____

Savings/Money Market

Account Number: _____

Authorization

I hereby authorize the closing of my savings/money market account for the principal balance plus any accrued interest due.

Signature: _____

Joint Owner: _____

CD

Account Number: _____

Authorization

I hereby authorize the closing of my CD on the maturity date for the principal balance and interest due at time of maturity.

Signature: _____

Joint Owner: _____



Always Putting You First.

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