

Switch Close Account - please submit separate forms for each closed account

My Name _____

Mailing Address _____

City _____

State _____

Country _____

Zip _____

Phone _____

Email _____

Please close my account at:

Financial Institution _____

Address _____

City _____

State _____

Country _____

Zip _____

Financial Institution Account Number: _____ Financial Institution Routing Number: _____

Cash out the current account and transfer the proceeds as follows. **Select one option in each column.**

Amount to Transfer:

Make this Transfer:

 1. \$ _____ 1. On _____
Date (MM/DD/YYYY) 2. The entire amount in my account and close my account. 2. Immediately.

Account number _____

 3. At maturity of the investment. Mail the remaining balance of my account to mailing address above. Mail the remaining balance of my account to be deposited at First Interstate Bank.

ATTN: _____

First Interstate Bank

P.O. Box 30918

Billings, MT 59116

First Interstate Bank Account Number _____ Savings CheckingFirst Interstate Bank Routing Number **092901683** _____**X**

Signature _____

Date _____

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. First Interstate Bank is not responsible for charges incurred for insufficient funds. Work with a First Interstate Bank staff member to determine when to send this to your previous financial institution.

