

# Account Closure Instruction Form

Account Name \_\_\_\_\_

Account No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Print Full Name \_\_\_\_\_

Distribution Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*IMPORTANT\*\***

*Please include a copy of the Board minutes confirming the approved account closure request.*

*Thank You*

**American Baptist Foundation**  
**420 W. Germantown Pike**  
**East Norriton, PA 19403**  
**Fax: (610) 768-2213**  
**Email: ABFAccounts@abc-usa.org**

**ABF OFFICE USE ONLY:** Confirmed account details via outgoing call to authorized phone number on file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_