

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.

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: _____