

NAC – BANK ACCOUNT CLOSURE – INCIDENT REPORT

DATE: __/__/2019

[Please Fax Completed Form to: 904-425-6010 – or Scan & Email to: bruce@natmc.org]

Type of Issue: **1. Actual Termination of Company Bank Account(s)** __

Received Notice By: Phone __ Letter __ Email __

Length of Prior Banking Relationship: __ Yrs. __ Mos.

Name of Bank & City: _____

Type of Account Terminated: ATM Account __

Business Account __

Personal Account __

Reason(s)/Time Given for Termination/Other Relevant Information:

2. Threat of Termination of Bank Account ____

Notice Received By: Phone __ Letter __ Email __

Length of prior banking relationship: __ Yrs. __ Mos.

Name of Bank & City: _____

Type of Account Terminated: ATM Account __

Business Account __

Personal Account __

Due Diligence/Company Information/New Fees – Required by Bank to Maintain Account(s): _____

**PLEASE INCLUDE COPIES OF ALL CORRESPONDENCE /
DOCUMENTATION SENT TO / RECEIVED FROM YOUR BANK.**