

**NAC – BANK ACCOUNT CLOSURE – INCIDENT REPORT**

**DATE: \_\_/\_\_/2017**

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