

AUTHORIZATION TO CLOSE ACCOUNT

Send this form to the financial institution where you will be closing your account.

To Whom It May Concern:

Financial Institution Name

Address

City

State

Zip

Effective Date (month/day/year)

Please close my account:

Account #

Primary Owner

Address

City/State/Zip

Phone

Email

Please send the remaining balance to (check one):

First Community National Bank Routing # 081510593 Account # _____
Address: P.O. Box 159, Steelville, MO 65565

My Address Listed Above

If you have any additional questions, please contact me:

Signature (Primary Owner)

Date

Joint Owner (printed name)

Signature (Joint Owner)

Date