

## AUTHORIZATION TO CLOSE ACCOUNT

*For your convenience, please send this form to your existing financial institution.*

Please close the following accounts:

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Effective Date \_\_\_\_\_

Account No. 1 \_\_\_\_\_ Account No. 2 \_\_\_\_\_

Name on the account \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please send the balance of my account(s) for deposit only to:

Security State Bank account # \_\_\_\_\_

Security State Bank Routing # 091510075

I authorize the closing of my account(s) as noted above.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

Your prompt attention to this request is appreciated. Thank you.

PLEASE RESPOND TO:  
SECURITY STATE BANK  
Attn: New Accounts  
PO BOX 157  
IRON RIVER, WI 54847

