

CLOSE MY ACCOUNT AUTHORIZATION

Financial Institution _____
Address _____
City _____ State ____ Zip _____

Attn: Account Maintenance

This letter is to authorize the closure of the accounts listed below. All of my checks have cleared and all direct deposit and automatic payments have been stopped.

Account# _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____
Account# _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____
Account# _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____
Account# _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____

Please send a check for the remaining balance(s) in these accounts to my address below. If you have any questions regarding this request, please contact me at the phone number listed below. Thank you for your prompt assistance in this matter.

Name _____ Social Security# _____
Joint Owner (if applicable) _____
Address _____ City/State/Zip _____
Phone _____

Signature _____ Date ____/____/____
Joint Signature (if applicable) _____ Date ____/____/____



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Member FDIC