



201 South Jefferson Street • PO Box 207 • Sigourney, Iowa 52591
Phone 641-622-2525 • Fax 641-622-2893 • Toll Free 877-611-2525

REQUEST TO CLOSE ACCOUNT(S)

TO: Financial Institution _____
Attn: _____
Address _____
City, State, Zip _____

RE: Authorization to Close My Account

This is to inform you that I/we am/are closing my/our account(s) listed below at your financial institution. Please close the accounts as listed and send a check for the remaining balance(s) to me/us at the address listed below.

If you have any questions in regard to this request, please contact me/us at the telephone, e-mail or mailing address shown here. Thank you.

Sincerely,

Authorized Signature (Primary Account Holder) Date

Authorized Signature (Other Account Holder) Date

ACCOUNT INFORMATION

Name (Primary Account Holder) Social Security Number

Name (Other Account Holder) Social Security Number

Address City, State, Zip

Day Phone Evening Phone E-Mail

Account Number Type (checking/savings, etc) Account Number Type (checking/savings, etc)

Account Number Type (checking/savings, etc) Account Number Type (checking/savings, etc)

Account Number Type (checking/savings, etc) Account Number Type (checking/savings, etc)