

AUTHORIZATION TO CLOSE ACCOUNT

____/____/____
Effective Date

Financial Institution's Name

Address

City

State

Zip Code

To whom it may concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below. If you have any questions about this request, please call me at:

Phone Number

Best Time to Call

Thank you.

Signature

Name (please print)

Address

City, State, Zip Code



HEARTLAND
BANK

Member
FDIC

(Make as many copies as needed)