

Authorization to Close Checking Account

DATE: _____

On _____ please close my checking account at _____ Acct. # _____
(Date) (Name of Financial Institution)

Account Holder _____ Social Security # _____

2nd Account Holder _____ Social Security # _____

I (we) have opened a checking account at _____ Security State Bank Acct. # _____

Phone Number: (218) 263-8855 Address: P.O. Box 279, Hibbing, MN 55746 Routing #: 091200592

Bank Representative _____

On the closing date, please send remaining funds to: _____ Security State Bank _____ Directly to me

Address where check is to be sent: _____

 Signature(s) _____