

Send this form to your current Financial Institution

ACCOUNT CLOSURE AUTHORIZATION

NOTIFICATION OF ACCOUNT CLOSURE AUTHORIZATION

To Whom It May Concern:

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

PLEASE CLOSE MY ACCOUNT

Account Number: _____
 Primary Owner: _____
 Address: _____
 City, State, Zip: _____

PLEASE SEND THE REMAINING BALANCE TO:

Place an X next to your desired option. Have your funds deposited electronically (if available) or have a check forwarded to your mailing address.

- Please deposit directly to my new account at Kansas State Bank
 Account #: _____ ABA/Routing #: 101100964
- Please forward me a check to my address listed below

IF YOU HAVE ANY QUESTIONS, PLEASE CALL ME AT THE NUMBER BELOW. THANK YOU VERY MUCH.

Primary Signature:

Date:

Joint Signature:

Date:

Please Print

Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____