

CLOSE MY ACCOUNT



Authorization to Close My Account

Today's Date _____

On _____ (date)* please close my Checking Savings account at:

Name of Financial Institution Where Account is Closing (Please Print) Old Account # _____

Financial Institution Address _____
Where account is closing Street Address or P.O. Box City State Zip

Name of Account Holder _____

Social Security # _____

2nd Account Holder _____

Social Security # _____

On closing date (see above) please send remaining funds to:

Financial Security Bank (check address) **OR** **Directly to me** (see address below)

1011 Atlantic Avenue, P.O. Box 258
Kerkhoven, MN 56252 Street Address or P.O. Box

11102 57th Street NE
Albertville, MN 55301 City/State/Zip

Signature(s) _____

Phone _____

Complete this form for each checking and savings account you wish to close. *Allow time for all checks to clear and automatic payments/deposits to cease. Contact Financial Security Bank for additional forms.

3/17



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