



Authorization to Close Account

Date _____ Financial Institution _____

Mailing Address _____ City _____ State _____ Zip _____ Phone _____

To Whom It May Concern:

Please close the following account(s):

_____ Checking Savings Money Market Other
Account Number

_____ Checking Savings Money Market Other
Account Number

_____ Checking Savings Money Market Other
Account Number

_____ Checking Savings Money Market Other
Account Number

Please send any remaining funds:

The address shown below

Name

Mailing Address _____ City _____ State _____ Zip _____ Phone _____

Primary Account Holder Signature _____ Date _____

Secondary Account Holder Signature _____ Date _____

Community Banking Since 1981

www.IslandersBank.com

