



AUTHORIZATION TO CLOSE ACCOUNT

To: _____

Date: _____

Please accept this letter as authorization to close the account(s) listed below and transfer the balance plus any accrued interest to **SWINEFORD NATIONAL BANK (routing number 0313 13627)** for deposit to _____'s new account number _____.
Please make the check payable to Swineford National Bank for credit to the new account number.

Immediately **close** and **transfer** the balances in the following account(s):

Account # ___ Checking ___ Savings ___ Money Market
Account # ___ Checking ___ Savings ___ Money Market
Account # ___ Checking ___ Savings ___ Money Market

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact _____, and remit all correspondence to _____.

Sincerely,

I hereby authorize the closing of this account and transfer of funds

Account Holder Signature Date Phone

Account Holder Signature Date Phone