

## Account Closure Authorization

Complete and mail this form to your previous financial institution to let them know that the account(s) will be closed. Please be aware that you need to allow for checks, debits, and direct deposits to clear.

This form should be completed for every account you wish to move from your former financial institution.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please close my account at

\_\_\_\_\_  
Name of Account (Savings, Checking, etc.)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Account Holder(s) Name

\_\_\_\_\_  
Phone Number

Please send a check for any balance remaining in my account payable to me.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (if joint account both must sign)

\_\_\_\_\_  
Date

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**First National Bank of Nokomis**  
217-563-8311

**First National Bank of Arthur**  
217-543-3850

**Ayars Bank**  
217-768-3933

Member FDIC