



AUTHORIZATION TO CLOSE ACCOUNT

Bank Name	
Address	
City/State/Zip	

This letter serves as a request to close the following account(s):

Account Type	Account Number	Special Instructions

Please send a check for the remaining balance to the address below:

To _____ BANK OF FRANKLIN COUNTY _____
 Care of _____
 Address _____ 900 EAST EIGHTH STREET _____
 City/State/Zip _____ WASHINGTON, MO 63090 _____

If you have questions, please contact me at the following (Please Print):

Name _____
 Address _____
 City/State/Zip _____
 Phone _____

Signature _____

Date _____

Co-Signer Name _____

Signature _____

Date _____