

Notice to Close Account

Print & send this page after all transactions have posted to your old account(s).

Previous Financial Institution Information:

Name of Financial Institution: _____

Address: _____

City, State, & Zip: _____

My Account Number(s) with your business:

Savings Account # _____

Checking Account # _____

Your Name: _____

Your Address: _____

Your City, State, & Zip: _____

Your Phone Number: _____

I hereby authorize the closure of the account(s) listed above. I have made sure that no more checks or automatic transactions will occur to this account.

Please mail balances to:

Minster Bank
P.O. Box 90
Minster, OH 45865-0090

Attn: Minster Bank Checking Account #: _____

Customer Signature

Date

Joint Owner Signature (if applicable)

Date

Thank you for your assistance.

