

## Authorization to Close Account

Please complete and sign to allow **County National Bank** to contact your previous financial institution to close your account.

Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

This form is your authorization to close (circle one) *Checking/Savings* account # \_\_\_\_\_ and forward the balance to **County National Bank** at the address below. Please make the check payable to **County National Bank** for the benefit of:

Customer Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send check to: **County National Bank**, Attn: Customer Service, One S. Howell St., Hillsdale, MI 49242 Phone (517)439-4300