

# Account Closure Authorization



Date \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

To Whom It May Concern:

Please close the following account # \_\_\_\_\_ and send a cashier's check payable to \_\_\_\_\_ (account holder) for the remaining balance to the address selected below:

- Union State Bank  
P.O. Box 928  
Arkansas City, KS 67005

-OR-

- My Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*If sending it to Union State Bank please reference account # \_\_\_\_\_ on the check.*

If you have any questions about this request, please contact me.

Signature: \_\_\_\_\_

Joint Signature if applicable: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_