

## Authorization to Close Account

### To Whom It May Concern:

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

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

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

Effective (month/day/year): \_\_\_\_\_

### Please close my account(s):

Account#: \_\_\_\_\_ Primary Owner: \_\_\_\_\_

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

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

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

Account#: \_\_\_\_\_ Primary Owner: \_\_\_\_\_

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

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

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

Account#: \_\_\_\_\_ Primary Owner: \_\_\_\_\_

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

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

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

### Please send the remaining balance to (check one):

**Greenville National Bank**

Routing #: 042204110 Account #: \_\_\_\_\_

**My Address Listed Above**

Signature (Primary Owner): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Joint Owner): \_\_\_\_\_ Date: \_\_\_\_\_