ACCOUNT CLOSING REQUEST

Looking to change banks? You want to do business with a local, community bank? Help is on the way. If you would like to close your account(s) at another bank and move to one of Security State Bank's convenient locations, please complete this authorization and mail, email or fax to your current financial institution. Once you have received funds from your current bank, come see us. Or you can open an account with Security State Bank and deposit your funds from your prior bank once you have determined that any direct deposits or electronic charges have been transferred, your checks have all cleared on the old account and you have destroyed your ATM/Debit cards.

Financial Institution	Name	_
Address		_
City/State/Zip		_
Dear Sir/Madam,		
This letter is a reque	st to close the following accou	nt(s):
Account #	Account Owner	
Account #	Account Owner	
	-	address I have listed below. If you have any me at the phone number or email address listed
Sincerely,		
		Date:
Signature		
Name		
Address	City/State/Zip	
Phone Number		
Email address		