



AUTHORIZATION TO CLOSE MY EXISTING ACCOUNT *(Please Print)*

On _____, 20____, please close my Checking Account # _____

at (name of former financial institution) _____

Former Institution's Address: _____ Telephone Number: _____

Account Holder Name: _____ Social Security Number: _____

Joint Account Holder Name: _____ Social Security Number: _____

I (we) have opened a State Bank of Lizton Account #: _____

Please mail an official bank check made payable to State Bank of Lizton to:

State Bank of Lizton, 206 N. State St., P.O. Box 170, Lizton, IN 46149

Signature(s): _____