



AUTHORIZATION TO CLOSE ACCOUNT

To: _____

Date: _____

To Whom It May Concern:

Please close my account(s) listed below and transfer the balance plus any accrued interest to **Owen County State Bank** for deposit.

Immediately **close** and **transfer** the balance in the following account(s):

Account # _____	☐	Checking	☐	Savings	☐	Money Market
Account # _____	☐	Checking	☐	Savings	☐	Money Market
Account # _____	☐	Checking	☐	Savings	☐	Money Market
Account # _____	☐	Checking	☐	Savings	☐	Money Market

**Please make the check(s) payable to Owen County State Bank
(Routing Number 074912865) for credit to:**

Name: _____ **Account Number:** _____

Mail To: Owen County State Bank
PO Box 151
Spencer, IN 47460

Bank Contact: _____
Phone: _____

If you require further information or if this letter is *not* sufficient enough to make this change, please contact me at the number below. Thank you for your assistance in this matter.

Sincerely,

X _____
Signature of Account Holder

X _____
Signature of Account Holder

Account Holder
Name(s): _____
Street Address: _____
City, State, Zip Code: _____
Contact Phone #: _____
SSN: _____