



# Authorization to Close Account

Date: \_\_\_\_\_

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

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

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

To Whom It May Concern:

Please close my account \_\_\_\_\_ and send a check for  
the remaining balance (account number) to:

The Stephenson National Bank & Trust  
P.O. Box 137  
Marinette, WI 54143

Account Number: \_\_\_\_\_

If you have any questions about this request, please contact me during the  
DAY/EVENING at \_\_\_\_\_ .  
(circle one) (phone number)

Thank you.

Sincerely,

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

Co-Signer Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Co-Signer Name: \_\_\_\_\_  
(please print)

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

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

This document was acknowledged before me on  
\_\_\_\_\_, by \_\_\_\_\_  
(Date) (Name of Signer)

This document was acknowledged before me on  
\_\_\_\_\_, by \_\_\_\_\_  
(Date) (Name of Co-signer)

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Signature of Notary)

My Commission expires: \_\_\_\_\_

My Commission expires: \_\_\_\_\_