

AUTHORIZATION TO CLOSE ACCOUNT



Please complete and submit to your current financial institution in order to close your account.

DATE _____

CURRENT FINANCIAL INSTITUTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Please close my account # _____ and send me a check for the remaining balance to the address below.

NAME / LAST: _____ NAME / FIRST: _____
(PLEASE PRINT) (PLEASE PRINT)

PERSONAL ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

OR SEND THE CHECK DIRECTLY TO:

First National Bank Broken Arrow | 121 South Main Street | Broken Arrow, OK 74012-4140

If you have any questions about this request, please contact me at this number:

PHONE (Home): _____ PHONE (Work): _____ PHONE (Other): _____

NAME: _____ SIGNATURE _____
(PLEASE PRINT)

CO-SIGNER NAME: _____ CO-SIGNER SIGNATURE: _____
(PLEASE PRINT)

EMAIL: _____ CO-SIGNER EMAIL: _____