



The Bank of You

Authorization to Close Account

Date: _____

Bank/Other Financial Institution Name: _____

Address: _____

City/State/Zip: _____

To whom it may concern

I hereby authorize the closure of my account(s) effective on _____. My account information is as follows:

Account Owner: _____ Joint Owner: _____

Account #(s): _____

Last 4 digits of SSN: _____ Joint ID Last 4 digits of SSN: _____

Please send any remaining balances(s) to my new account at:

Illinois State Bank, FSB
15700 W. Bluemound Road
Brookfield, WI 53005
Routing #: 275071356

Account Number: _____ Savings/Checking (circle one)

I have made arrangement to discontinue the direct deposit and automatic withdrawal of funds from account(s) with your financial institution.

If you have any questions about this request, please contact me at (_____) _____ (phone #).

Thank you,

Sincerely,

Signature: _____

Joint Owner Signature: _____

Name: _____

Joint Owner Name: _____

Member FDIC