



# NORTH SHORE BANK

*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:

**North Shore 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