

Request to Close Account

Please submit this to your previous financial institution.

To:

From:

Address:

This letter serves as an authorization to close the following accounts with your institution.

Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other

Please send me a check for the remaining balance to:

The address shown above

The following address:

Primary Account Holder Signature: _____

Secondary Account Holder Signature: _____

Date: _____

Automatic Payment Changes

Complete and submit this form to any company or organization who is automatically withdrawing payments from your existing checking account.

Effective _____, I hereby authorize to change my automatic payments to the company listed below to come from my account with Peoples State Bank.

Name:

Address:

City:

State: Zip:

Social Security Number:

I hereby authorize to have my payment switched to my account with Peoples State Bank.

Signature

Date

Please redirect my automatic payment to come from my account with Peoples State Bank.

Bank Routing Number: **075911616**

Account # Checking Savings Money Market Other

Date:

Direct Deposit Authorization

Complete and submit this form to any company or organization who is automatically depositing funds to your existing checking account. (payroll, pension, Social Security, or dividends)

Name:

Address:

City:

State: Zip:

Social Security Number:

I hereby authorize to have my direct deposit switched to my account with Peoples State Bank.

Signature

Date

Please redirect my direct deposit to my account with Peoples State Bank as follows:

Bank Routing Number: **075911616**

Account # Checking Savings Money Market Other

Date: