



RELIANCE
STATE BANK

You can rely on us.

Authorization to Close Account

To: _____
Financial Institution

From: _____
Phone Number

To Whom It May Concern:

Please close the following account(s) listed below:

_____ Checking Savings Money Market Other
Account Number

_____ Checking Savings Money Market Other
Account Number

_____ Checking Savings Money Market Other
Account Number

_____ Checking Savings Money Market Other
Account Number

Other _____
Effective Date

Please send any remaining funds in these account(s) to:

X _____
Name Date

X _____
Mailing Address City State Zip

X _____
Primary Account Holder Signature Date

X _____
Secondary Account Holder Signature Date