



## Authorization To Close Accounts

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Please accept this letter as **authorization to close the account(s) listed below and transfer the balance plus any accrued interest** as instructed below.

☐ Immediately close and transfer the balances into the following Village Bank account(s):

Routing #: 051409029

Account #: \_\_\_\_\_ ☐ Checking ☐ Savings ☐ Money Market

Account #: \_\_\_\_\_ ☐ Checking ☐ Savings ☐ Money Market

Account #: \_\_\_\_\_ ☐ Checking ☐ Savings ☐ Money Market

☐ Immediately close and mail a check for the remaining balance to my current address on file:

\_\_\_\_\_

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact

\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_.

Thank you for your assistance in this matter. I hereby authorize the change to my account.

ACCOUNT HOLDER SIGNATURE DATE PHONE NUMBER

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