

Authorization to Close Account

Bank Name _____

Address _____

City/State/Zip _____

This letter serves as a request to close the following account(s):

Account Type	Account Number	Special Instructions

Please send a check for the remaining balance to the address below:

To _____

In care of _____

Address _____

City/State/Zip _____

If you have questions, please contact me at the following (Please Print):

Name _____

Address _____

City/State/Zip _____

Phone _____

Signature _____ Date _____

Co-Signer Name _____

Signature _____ Date _____

Wausa
PO Box 179
Wausa NE 68786

Nebraska City Branch
PO Box 40
Nebraska City, NE 68410

Elkhorn Branch
1918 North 203 St.
Elkhorn NE 68022



MEMBER FDIC