



Authorization To

Today's Date

Close My Account

On _____ please close my Checking / Savings account at:

Month/Day/Year

Old Acct. #: _____

Name of Financial Institution where account is closing (Please print)

Financial Institution Address: _____
(Where account is closing) Street Address or P.O. Box City State Zip Code

Name of Account Holder: _____

Social Security #: _____

Second Account Holder: _____

Social Security #: _____

On the closing date (above), please send remaining funds to:

Minnwest Bank

OR

Directly to Me (see address below):

_____ Street Address or P.O. Box

_____ Street Address or P.O. Box

_____ City State Zip Code

_____ City State Zip Code

New Account #: _____
Provide ONLY if funds are going to Minnwest Bank

Routing#: 091915845

Signature(s) _____

Complete this form for every checking or savings account you wish to close. Call your Minnwest Banker for additional forms.



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