



CITIZENS SAVINGS BANK

Account Closure Authorization

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account.

To Whom It May Concern:

Financial Institution: _____

Address: _____

City, State, Zip: _____

Effective immediately, please close my account number: _____

Owner(s): _____

Address: _____

City, State, Zip: _____

Please send remaining balance to:

Place an X next to your desired option.

Please deposit directly to my new account at Citizens Savings Bank.

Checking

Savings

Routing #: 073915915 Account #: _____

Please forward a check to the address below.

Primary Signature: _____ Date: _____

Joint Signature: _____

Address: _____

City, State, Zip: _____

Phone Number: _____