

THE STATE BANK OF FARIBAULT
AUTHORIZATION TO CLOSE ACCOUNT

To: _____

Date: _____

Please accept this letter as authorization to close the account(s) listed below and transfer the balance plus any accrued interest to **The State Bank of Faribault 428 Central Ave. Faribault, MN 55021**

Routing Number: 091900559 for deposit to _____ new account number _____. The new account is a Checking Account _____ Savings Account _____.

Please make the check payable to The State Bank of Faribault for credit to the new account number.

Immediately close and transfer the balances in the following account(s).

Account #	___ Checking	___ Savings	___ CD
Account #	___ Checking	___ Savings	___ CD
Account #	___ Checking	___ Savings	___ CD

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact _____, and remit all correspondence to _____.

Sincerely,

I hereby authorize the closing of the above listed accounts and transfer of funds

Account Holder Signature Date Phone

Account Holder Signature Date Phone

Member FDIC