

AUTHORIZATION TO CLOSE MY CHECKING ACCOUNT

Please accept this letter as authorization to close my account(s) with your institution.
Please close the account(s) listed below:

TO:

Bank Name _____

Bank Address _____

Account #: _____ Account #: _____
 Checking Savings Money Market Other Checking Savings Money Market Other

Please send a check in my name for any remaining funds in the account(s) listed and a copy of this form to:
West Michigan Bank & Trust, PO Box 1009, Frankfort, MI 49635-1009 (Phone: 231-352-9655)

Deposit Instructions: Deposit the entire amount to checking/savings account # _____
 OR Deposit \$ _____ to checking/savings account #: _____
 AND the remainder to checking/savings account #: _____

FROM:

Account holder name: _____ Social Security #: _____

2nd Account holder name: _____ Social Security #: _____

- I authorize:
- The listed entity to close the account(s) listed here.
 - The transfer of my funds to West Michigan Bank & Trust checking and/or savings account(s) as indicated.
 - West Michigan Bank & Trust to credit deposits to my account(s) as specified.

Signature: _____ Date: _____

West Michigan Bank & Trust Representative: _____
 Signature: _____ Date: _____

STATE OF _____)

COUNTY OF _____) SS:

On this _____ day of _____, 20____, before me personally appeared _____
 _____ to me known by picture identification and personally to be person described
 in and who executed the foregoing instrument and acknowledged the same as his/her free act and deed.

_____, Notary Public
 _____ County, Michigan Acting in the County of _____
 My Commission Expires: _____

* Examine your NEW checking account statement and make sure all of your automatic payments and direct deposits have switched over to your new account before you submit this form to avoid missed payments.

