

Authorization to close my - DEPOSIT ACCOUNT

| On | | se close my deposit account #: | at | |
|----------|--|---|----------------------------|---------------------------------|
| | (date) | | | (Name of Financial Institution) |
| Accoun | t Holder: | Second and remaining funds with a copy of the | Account Holder: | |
| On the | closing date, please ser send remaining funds: | nd remaining funds with a copy of th | is form to: | |
| | O | SS: | | |
| | | t The Farmers & Merchants Bank, 15 | | |
| | | Check #/Description | Amount | |
| | Please retain funds | | | |
| | to pay for the following items: | | | |
| | Tollowing Items: | | | |
| Signatu | re: | | Day-time Phone Number | r: |
| | | | | |
| | | | 70 PM | |
| | Farmers & Merchant | Authorization to clos | se my - DEPOS | SIT ACCOUNT |
| | Bank of Ashland ———————————————————————————————————— | | | |
| | | | | |
| On | plea: (date) | se close my deposit account #: | at | (Name of Financial Institution) |
| A ccoup | | Second . | | |
| | | nd remaining funds with a copy of th | | |
| Please s | send remaining funds: | ., | | |
| | Directly to me, Addre | <u>`</u> | 04.611 6 | 045 4 11 1 15 50000 |
| ш | To my new account a | t The Farmers & Merchants Bank, 15 | 01 Silver Street, PO Box 2 | 217, Ashland, NE 68003 |
| | Dlagge vetain funds | Check #/Description | Amount | |
| | Please retain funds to pay for the | | | |
| | following items: | | | |
| | · | | | |
| Signatu | e:Day-time Phone Number: | | | |
| | | | | |
| | | | DEDO | UT A COOLINIT |
| | Farmers & Merchant | Authorization to clos | se my - DEPOS | II ACCOUNT |
| | Bank of Ashland | | MAKING THE SWITCH- | |
| O= | plan | an alogo may donosit a conumt #. | at | |
| On | piea: (date) | se close my deposit account #: | at | (Name of Financial Institution) |
| Accoun | t Holder: | Second | Account Holder | |
| On the | closing date, please se | Second and remaining funds with a copy of the | is form to: | |
| Please s | send remaining funds: | | | |
| | | | 04.6'. | 247 A.I.I. I.N.E. (2002) |
| _ | 10 my new account a | t The Farmers & Merchants Bank, 15 | UT Sliver Street, PO Box 1 | 217, Asniand, NE 68003 |
| | Place retain for al- | Check #/Description | Amount | |
| | Please retain funds to pay for the | | | |
| | following items: | | | |
| | | | | |
| Signatu | ro: | | Day time Phone Number | r• |