



Farmers & Merchants  
Bank of Ashland

# Authorization to close my - DEPOSIT ACCOUNT

MAKING THE SWITCH

On \_\_\_\_\_ please close my deposit account #: \_\_\_\_\_ at \_\_\_\_\_  
(date) (Name of Financial Institution)

Account Holder: \_\_\_\_\_ Second Account Holder: \_\_\_\_\_

On the closing date, please send remaining funds with a copy of this form to:

Please send remaining funds:

- Directly to me, Address: \_\_\_\_\_
- To my new account at The Farmers & Merchants Bank, 1501 Silver Street, PO Box 217, Ashland, NE 68003

Please retain funds to pay for the following items:	Check #/Description	Amount

Signature: \_\_\_\_\_ Day-time Phone Number: \_\_\_\_\_



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