

1

ACCOUNT CLOSING AUTHORIZATION

Date: _____
 Bank's Name: _____
 Address: _____
 City, State, Zip: _____

To whom it may concern:

Please accept this letter as authorizatin to close my account(s) with your institution.

Account # _____
 Account # _____
 Account # _____

Please forward all remaining funds on deposit to:

New Buffalo Savings Bank
 45 N. Whittaker St.
 New Buffalo, MI 49117
 Bank Routing Number: 272471519

Please advise New Buffalo Savings Bank to deposit the funds to my account:
 Acct. Number: _____ Checking Savings

If you have any questions about this request, please contact me during the
 DAY / EVENING (circle one) at (_____) (phone #)

Thank you.

_____ Signature	_____ Co-Signer Signature
_____ Name (Please print)	_____ Co-Signer Signature (Please print)
_____ Address	
_____ City, State, Zip	

Notarization

Personally, _____ appeared before me this _____ day of _____ 20____,
 who after being duly sworn make oath that the above account closing and account numbers are accurate.

Notary Public