# AUTOMATIC CLOSURE AUTHORIZATION – *Form 3*

## TO

Current Financial Institution

## FROM

Name Date

Address

City, State, Zip Code Phone

## ACCOUNTS

Account Number: ☐ Checking ☐ Savings ☐ Other

Account Number: ☐ Checking ☐ Savings ☐ Other

Account Number: ☐ Checking ☐ Savings ☐ Other

Account Number: ☐ Checking ☐ Savings ☐ Other

I, _____ hereby authorize the closure of the above listed account(s). Please mail any remaining funds in these accounts to:

☐ Me, at the above-listed address

☐ GenoaBank

Primary Account Holder Signature Printed Name Date

Joint Account Holder Signature Printed Name Date

*Note: Prior to sending this Account Closure Authorization, review your GenoaBank account(s) statements to ensure all payments and deposits have been switched to your new GenoaBank account.*

Member FDIC