



CLOSING Your Prior Checking Account

After you receive your new FB&T checks and have activated your new debit card, complete and print the form below, sign, date, and mail or deliver to your former bank. You will need to give a specific closing date (we recommend 30 days).

Authorization to Close Checking Account

To _____
NAME OF PREVIOUS FINANCIAL INSTITUTION ACCT. NO.

Please close the above Checking Account on this date _____
MONTH / DAY / YEAR

I/we have opened a new checking account at:

FRANDSEN BANK & TRUST Routing No. 091901202 _____
NEW ACCT. NO.

Bank Address _____
STREET ADDRESS OR P.O. BOX CITY STATE ZIP CODE

On the closing date, please send remaining funds to:

My new account at Frandsen Bank & Trust

Directly to me/us at: _____
STREET ADDRESS OR P.O. BOX

CITY STATE ZIP CODE

PRINT NAME OF ACCOUNT HOLDER

SOCIAL SECURITY NO.

SIGNATURE

DATE

PRINT NAME OF JOINT ACCOUNT HOLDER

SOCIAL SECURITY NO.

SIGNATURE

DATE