Authorization to close my Checking Account

Please close my checking account with your institution on _____ / _____ / _____.

My account number is _____.

Please transfer any remaining funds on that date to my checking account at Heartland Bank,

checking account number _____.

Mail the check to: Heartland Bank and Trust Company, PO Box 67, Bloomington, IL 61702-0067

Account Holder (1)_____ Last four digits of Social Security #: _____

Account Holder (2)_____ Last four digits of Social Security #: _____

_____ _____

Signature (1) Date Signature (2) Date

Thank you for your assistance!

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