

AUTHORIZATION TO CLOSE ACCOUNT

Previous Financial Institution: _____

Address: _____

This form gives you authorization to close my account # _____ and forward the balance to us at the address provided. Please make the check payable First Heritage Bank for benefit of (Name):

Name: _____

Your prompt attention to this request is appreciated. Thank you.

Signature: _____

Date: _____

Joint Signature: _____

Date: _____

First Heritage Bank
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