PLEASE CLOSE MY ACCOUNT

DATE:

_____
(FINANCIAL INSTITUTION NAME)

_____
(ADDRESS)

_____
(CITY, STATE, ZIP)

THE CITIZENS NATIONAL BANK Member FDIC

To Whom It May Concern:

Please close the following account #_____ and send a check for the remaining balance to the address below.

If you have any questions regarding this request, please contact me as soon as possible at the number listed below.

Sincerely,

_____
Signature

_____
Co-owner Signature (if applicable)

_____
Name (please print)

_____
Co-owner Name (please print)

_____
Address

_____
City, State, Zip