

SWITCH KIT

Account Closure Authorization

Use this form to close your account(s) by delivering it to your former financial institution. Be sure to verify any outstanding items have cleared your old account. You can authorize your remaining balance to be deposited automatically to your new Sullivan Bank account(s) or paid by a check forwarded to your mailing address.

You can use your keyboard to fill out this form online, or you can print the form and complete it by hand.

Notification of Account Closure Authorization

To Whom It May Concern:

Financial Institution:

Address:

City, State, Zip:

Please Close My Account:

Account Number:

Primary Owner:

Address:

City, State, Zip:

Please send the remaining balance to:

Place an X next to your desired option.

Please deposit directly to my new account at Sullivan Bank.

Account # _____ Routing # **081905302**

Please forward me a check to my address listed below.

Signature: _____

Date: _____

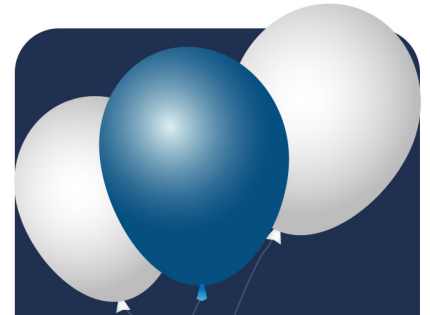
Joint Signature: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____



Congratulations!

You had to sign your name a few times, but submitting these forms completes your switch to **A Step Up In Service**. We can't wait to show you the difference a local partner makes.

*Welcome
to the
#SulliFam!*

