Please Close My Account

DATE		
BANK NAME		
ADDRESS		
CITY	STATE	ZIP
To Whom It May Concern:		
Please close the following accour address below. Please include n	nt # ny new account number _	and send the check to theon the check.
	Goodfield State Bank 1805 S. Main St. Eureka, IL 61530	
If you have any questions about t	his request, please contac	t me at the following number.
Phone	Day/Ever	ning (circle one)
Sincerely,		
SIGNATURE		
NAME (PLEASE PRINT)		
CO-SIGNER SIGNATURE (ONLY IF RE	EQUIRED)	
CO-SIGNER NAME (PLEASE PRINT)		
ADDRESS		
CITY	STATE	7IP