

## ***Please Close My Account***

DATE		
BANK NAME		
ADDRESS		
CITY	STATE	ZIP

**To Whom It May Concern:**

Please close the following account # \_\_\_\_\_ and send the check to the address below. Please include my new account number \_\_\_\_\_ on the check.

**Goodfield State Bank  
201 S. Eureka St. PO Box 105  
Goodfield, IL 61742**

If you have any questions about this request, please contact me at the following number.

Phone \_\_\_\_\_ Day/Evening (circle one)

Sincerely,

SIGNATURE		
NAME (PLEASE PRINT)		
CO-SIGNER SIGNATURE (ONLY IF REQUIRED)		
CO-SIGNER NAME (PLEASE PRINT)		
ADDRESS		
CITY	STATE	ZIP