

## AUTHORIZATION TO CLOSE MY CHECKING ACCOUNT



Effective immediately, please close my checking account at: \_\_\_\_\_  
[Name of old financial institution – please print]

Address: \_\_\_\_\_  
[Complete address of old financial institution]

Account #: \_\_\_\_\_

Account holder name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

2nd Account holder name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I (we) have opened a checking account at West Shore Bank. New account #: \_\_\_\_\_

Please send the remaining funds and a copy of this form to **West Shore Bank, P.O. Box 627, Ludington, MI 49431-0627**

Signature(s): \_\_\_\_\_

*\*Examine your NEW checking account statement and make sure all of your automatic payments and direct deposits have switched over to your new account before you submit this form to avoid missed payments.*

**Member FDIC**