

Authorization to close my
Deposit Account



On _____ please close my deposit account # _____ at _____
(Date) (Name of Financial Institution)

Account Holder _____

2nd Account Holder _____

Please retain funds to pay for the following items:	Check #/Description	Amount

On the closing date, please send remaining funds with a copy of this form to:

Directly to me Address: _____

Geauga Savings Bank, 10800 Kinsman Road, Newbury OH 44065 Account # _____

Signature(s) _____ Day-time phone number _____

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