

ACCOUNT CLOSE-OUT AUTHORIZATION FORM

To:		Date:	
		_	
balance(s) plus all accrued inter	est to Crossro	— close the account(s) and transfer accound the contract of the counting number: 114917924. Please make the check payable to Cround the country of the chould be sent to:	4) for deposit
	Cros	sroads Bank	
		D. Box 778	
	Yoakı	um, TX 77995	
This written request is to info	rm you to pl	ease close my account(s) listed belonger	ow:
Account #	Ac	count #	
☐ Checking☐ Sav	ings	☐ Checking☐ Savings	
Account Name:	Acc	count Name:	
Thank you,			
I hereby authorize the above	e-referenced	closeouts and transfer of funds.	
Account Holder Signature	 Date	Telephone	. [
Account Co-Holder Signature (If jointly owned)	Date	Telephone	
•		Member	

