

additional forms.

Close My Account

Today's Date	Е
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Month/Day/Y			Old Acct. #:		
Name of Financ	ial Institution where account	it is closing (Please print)			
Financial Institution (Where account is close	Address:	Street Address or P.O. Box	City	State	Zip Code
Social Security #:					
Second Account Hol	der:				
Social Security #:					
On the closing date	(above), please se	end remaining funds to	:		
□ Minnwest Bank		OR	☐ Directly to	Me (see addre	ss below
Street Address or P.O. Box		SI	treet Address or P.O. Bo	х	
City	State Zip Code	-	City	State	Zip Code
lew Account #:	Provide ONLY if fund	Is are going to Minnwest Bank	Routing#:	091915845	i
Signature(s)Complete this form idditional forms.	for every checkino	g or savings account you Authorization	ou wish to close. Call y		Banker for
Signature(s) Complete this form additional forms. Wigner of the complete this form additional forms. MINNWEST BANK®	for every checking	g or savings account you	ou wish to close. Call y To CCOUNT	Today	
Complete this form additional forms. MINNWEST BANK®	for every checking Clo	Authorization Se My A	ou wish to close. Call y To CCOUNT	Today	o's Date
Complete this form additional forms. MINNWEST BANK* On	clo	Authorization Se My A	ou wish to close. Call y To CCOUNT hecking/ Savings ac	Today	o's Date
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Complete this form additional forms. MINNWEST BANK® On Month/Day/N Name of Financial Institution (Where account is do lame of Account Holadaria)	Clo ear al Institution where account Address: sing)	Authorization Authorization Se My Authorization Let be	city	Today	's Date
Complete this form additional forms. MINNWEST BANK® On MontivDay/v Name of Financial Institution (Where account is do large of Account Ho Gocial Security #:	Clo ear Address:sing) S Ider:	Authorization Authorization Se My Authorization Please Close my C t is closing (Please print) Street Address or P.O. Box	ou wish to close. Call y To CCOUNT hecking/ Savings ac Old Acct. #:	Today	's Date
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Complete this form additional forms. MINNWEST BANK® On Month/DayN Name of Finance Financial Institution (Where account Ho Social Security #: Second Account Hol Social Security #:	Clo ear Address: Single der:	Authorization Authorization SE My A	ou wish to close. Call y To CCOUNT hecking/ Savings ac Old Acct. #:	Today	r's Date
Complete this form additional forms. MINNWEST BANK* On Month/Day/Y Name of Financial Institution (Where account to Social Security #: Second Account Hol Social Security #: On the closing date	Clo ear Address: Single der:	Authorization Authorization SE My A	ou wish to close. Call y To CCOUNT hecking / □ Savings ac Old Acct. #:	Today	zip Code
Complete this form additional forms. MINNWEST BANK® On Month/Day/N Name of Financial Institution (Where account to clocal Security #: Second Account Hol Social Security #: On the closing date Minnwest Bank	Clo ear Address: Single der:	Authorization Authorization SE My A please close my C ti is closing (Please print) Street Address or P.O. Box	ou wish to close. Call y To CCOUNT hecking/ Savings ac Old Acct. #:	Today	zip Code
Complete this form additional forms. MINNWEST BANK® On Month/Day/N Name of Financ Financial Institution (Where account Ho Social Security #:_ Second Account Hol Social Security #:_ On the closing date Minnwest Bank Street Addre	Clo ear Address:	Authorization Authorization SE My A please close my C ti is closing (Please print) Street Address or P.O. Box	ou wish to close. Call y To CCOUNT hecking/ Savings ac Old Acct. #:	Todas Count at: State Me (see addre	zip Code