



ACCOUNT CLOSURE REQUEST AUTHORIZATION

Customer Name: _____

Address: _____

City, State & Zip: _____

Phone Number: _____

Please close the following account(s)

Bank Name: _____

Account Number(s): _____

Please forward the balance to my address

Please forward the balance to Range Bank account number

Send To: Range Bank
100 N. Front Street
Marquette, MI 49855

Thank you.

Sincerely,

Primary Account Holder Signature Date

Joint Account Holder Signature Date

