

Authorization to Close Account Form

Date:	
Bank Name:	
Address:	
City, State, Zip:	
Please accept this letter as an any accrued interest and issu	uthorization to close the account(s) listed below including a check payable to:
Premier Community	Bank
•	Holder Name
230 Mavis Road	
Marion, WI 54950	
Account Number	Checking
Account Number	
Account Number	-
Account Number	
Account Number	
Account Number	
If you have any questions or	need additional information, please contact me at
·	
Sincerely,	
Signature	