

# 123

## Authorization to close my Deposit Account



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

Account Holder \_\_\_\_\_

2nd Account Holder \_\_\_\_\_

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

Directly to me Address: \_\_\_\_\_

The Pauls Valley National Bank 101 West Paul, Pauls Valley, OK 73075 Account # \_\_\_\_\_

Signature(s) \_\_\_\_\_ Day-time phone number \_\_\_\_\_

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

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