



**ACCOUNT CLOSE-OUT AUTHORIZATION FORM**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This letter serves as authorization for you to close the account(s) listed below and transfer the account balance(s) plus all accrued interest to Williamstown Bank (routing number: 051503909) for deposit to my new Williamstown Bank account number \_\_\_\_\_. Please make the check payable to Williamstown Bank for credit to this account number. The check should be sent to:

Williamstown Bank  
 Attn: Customer Service  
 PO Box 305  
 Williamstown, WV 26187

Immediately close and transfer the balance and accrued interest in the following accounts:			
___ Checking	___ Savings	___ Money Market Account #	_____
___ Checking	___ Savings	___ Money Market Account #	_____

Thank you,

I hereby authorize the above-referenced closeouts and transfer of funds.

Account Holder Signature _____	Date _____	Telephone _____
Account Co-Holder Signature (if jointly owned) _____	Date _____	Telephone _____