

AUTHORIZATION TO CLOSE MY CHECKING ACCOUNT

Please close my checking account with your institution on ____/____/____.

My account number is _____.

Please transfer any remaining funds on that date to my account at First Security Bank, checking/savings account number _____.

Or mail a closing account cashier check to my address on your system _____.

Mail the check to: First Security Bank, P.O. Box 290, Mackinaw, IL 61755.

Acct Holder (1) _____ Last four digits of Social Sec. # _____.

Acct. Holder (2) _____ Last four digits of Social Sec. # _____.

Signature (1)

Date

Signature (2)

Date

Thank you for your assistance!

AUTHORIZATION TO CLOSE MY SAVINGS ACCOUNT

Please close my savings account with your institution on ____/____/____.

My account number is _____.

Please transfer any remaining funds on that date to my account at First Security Bank, checking/savings account # _____.

Or mail a closing account cashier check to my address on your system _____.

Mail the check to: First Security Bank, P.O. Box 290, Mackinaw, IL 61755.

Acct Holder (1) _____ Last four digits of Social Sec. # _____.

Acct. Holder (2) _____ Last four digits of Social Sec. # _____.

Signature (1)

Date

Signature (2)

Date

Thank you for your assistance!

AUTHORIZATION TO CHANGE MY DIRECT DEPOSIT

On ____/____/____, I opened a new checking account at First Security Bank.

Please redirect my direct deposit into my new checking account, #_____, effective on ____/____/____. Enclosed is a voided check from my new account to verify the account number.

First Security Bank Routing Number: 071109655

Name: _____ First Security Bank Employee initials: _____

Signature: _____ Date: _____

If this form is not sufficient to change my direct deposit, please forward the authorized form for my signature. Thank you for your assistance.

First Security Bank • P.O. Box 290 • Mackinaw, IL 61755 • (309) 359-3961

AUTHORIZATION TO CHANGE MY AUTOMATIC PAYMENT

On ____/____/____, I opened a new checking account at First Security Bank.

Please redirect my automatic payment (\$_____), to be withdrawn from my new checking account, #_____, effective ____/____/____. I have enclosed a voided check from my new account to verify the account number.

Acct Holder Name (1) _____ Acct. Holder Name (2) _____

Acct # _____

Signature (1) _____ Date _____ Signature (2) _____ Date _____

Thank you for your assistance.

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