

Account Closing Report

Date: _____

To: (Current bank, credit union, etc.) _____

From: (Primary Account Holder) _____

(Secondary Account Holder) _____

Address: (Street) _____

(City) _____ (State) _____ Zip _____

Please close the following accounts of mine at your institution:

Account # _____ Type of Account _____

Account # _____ Type of Account _____

Account # _____ Type of Account _____

Account # _____ Type of Account _____

Please send any funds remaining in these accounts to: ___ Address shown above

Or ___ The following address: (Street) _____

(City) _____ (State) _____

Primary Account Holder Signature: _____

Secondary Account Holder Signature: _____

Automatic Payment Transfer Letter

(Date) _____

Dear (Name of Vendor) _____

I am writing to inform you of a change in my banking relationship concerning my account number (vendor account number) _____.

I currently have my (Name of Vendor) _____ payment automatically withdrawn from my checking/savings account # _____ at (name of bank) _____ On the (1st, 15th) _____ of the month. I would like to transfer these monthly transactions to my new bank, Clinton National Bank, and submit this letter as written notification of that intention.

I understand I need to give you at least two weeks notice prior to the next scheduled transaction. Therefore, I expect the last transaction from _____(bank) To be the one dated (date of last transaction) _____.

Thank you for your prompt attention to this request. I have enclosed an automatic payment authorization form that includes the information necessary for you to begin withdrawals from my Clinton National Bank account.

Sincerely,

Name _____

Address _____

Phone Number _____

Automatic Payment Cancellation Letter

Date: _____

I am writing to inform you of a change in my banking relationship concerning my account number _____.

I currently have my (name of vendor) _____ payment automatically withdrawn from my account # _____ from (bank) _____ on the (1st,15th) _____ of the month. I would like to cancel these monthly transactions as written notification of that intention.

I understand I need to give you at least two week notice prior to the next scheduled transaction. Therefore, I expect the last transaction to be the one dated (date) _____.

Thank you for your prompt attention to this request.

Sincerely,

Name: _____

Address: _____

Phone Number: _____

Automatic Payment Authorization

Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Name: Clinton National Bank: Routing Number : 073900441

Bank Address: 235 Sixth Ave. S. Clinton, IA 52732

Bank Account #: _____ Account Type _____

Vendor Account Number : _____

I (we) authorize (vendor name) _____ and Clinton National Bank to initiate variable entries to my checking/ savings. This authorization will remain in effect until I notify you in writing to cancel it in such time as to afford _____ a reasonable opportunity to act. Also I agree that I remain obligated to pay for these services in the event that a charge to my account is dishonored, for whatever reason, and that _____ retains its normal collection rights.

Direct Deposit Change Request

Date _____

To: _____

From: (Name) _____

(Address) _____

(City) _____

(State, Zip) _____

(Social Security Number) _____

Re: Change of direct deposit routing

Please discontinue sending my automatic direct deposit account # _____

with (former bank) _____.

Please begin sending the same deposit to:
Clinton National Bank
235 Sixth Ave. S. Clinton IA 52732

Deposit Instructions:

___ Deposit entire amount to checking account # _____

___ Deposit \$ _____ to savings account # _____

and the remainder to checking account # _____.

I authorize:

- Above listed entity to initiate deposit of my funds to my Clinton National Bank checking or savings account.
- Clinton National Bank to credit entries to my account(s)
- This authorization to remain in effect until I send written notice of change or cancellation.

Signature _____

Automatic Transfer Authorization

As used in the authorization, "we" and "us" means the owners of the accounts identified below. "you" and "your" means the depository institution names below. We authorize and direct you to make the following transfer of funds.

Amount to be transferred: \$ _____ Frequency: ___Weekly ___Monthly

Effective Date: _____ Termination Date: _____

From:

Account # _____ Account Name: _____

Account Type: ___ Savings, ___ Checking, ___ Money Market

To:

Account # _____ Account Name: _____

Account Type: ___ Savings, ___ Checking, ___ Money Market

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If a transfer is made from a savings account, you retain the right to require not less than 7 days written notice of withdrawal. If no termination date is specified above, this authorization will remain in effect until terminated by any one of us. You may terminate this authorization by giving us 15 days written notice at the address stated below. Notice to any one of us is notice to all of us.

Signature Date

Signature Date

Name : _____ Name: _____

Account Street Address: _____

City: _____ State: _____ Zip: _____

Mail Signed Form to:
Clinton National Bank
235 Sixth Ave. S.
Clinton, IA 52732

Bank Authorized Signature