



Authorization to Close Account

Date

Bank Name

Address

City, State Zip

To Whom It May Concern:

Please close my account _____ and send a check for the remaining balance to:
Account Number

Bank of Luxembourg
PO Box 440
Luxemburg, WI 54217
Account Number: _____

If you have any questions regarding my request, please contact me at _____.
Phone Number

Thank you!

Primary Signature: _____

Secondary Signature: _____

Primary Name: _____
please print

Secondary Name: _____
please print

Primary Address: _____

Primary City, State Zip: _____

