



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: _____



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