



**Intercity State Bank will be happy to assist you in making the switch!**

**Close Account Form**

To:

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Address, City, State and Zip Code

From:

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Address, City, State, and Zip Code

Please close the following account(s). All of my direct deposits and automatic payments have already been switched.

**Checking/Money Market Account**

Account Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

**Savings Account**

Account Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

Please advance the remaining balance with any accrued interest, by check, to Intercity State Bank, PO Box 560, Schofield WI 54476.

