

Account Closing Authorization

To: _____
(Current financial institution)

From:

Name Date

Address

City, State, Zip Phone

Accounts:

Account Number: _____ Checking Savings Other

Account Number: _____ Checking Savings Other

Account Number: _____ Checking Savings Other

I hereby authorize the above listed account(s) be closed. Please mail any remaining funds in these accounts to:

Me, at the above listed address

Coastal States Bank (CSB)

Attn: Customer Service

5 Bow Circle

Hilton Head Island, SC 29928

CSB account number to be credited: _____

Primary Account Holder Signature Date

Printed Name

Joint Account Holder Signature Date

Printed Name

