Skylands Community Bank

LISTENING IS JUST THE BEGINNING.℠

AUTHORIZATION TO CLOSE ACCOUNT

To:

_____

_____

_____

Date:

_____

Please accept this letter as authorization to close the account(s) listed below and transfer the balance plus any accrued interest to **SKYLANDS COMMUNITY BANK (routing number 0212 09990) for deposit to _____'s new account number _____.**
Please make the check payable to Skylands Community Bank for credit to the new account number.

☐ Immediately **close** and **transfer** the balances in the following account(s):

Account # ____Checking ____Savings ____Money Market

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Account # ____Checking ____Savings ____Money Market

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact _____, and remit all correspondence to _____.

Sincerely,

I hereby authorize the closing of this account and transfer of funds

_____	_____	_____
Account Holder Signature	Date	Phone
_____	_____	_____
Account Holder Signature	Date	Phone