

account closing request

Date: _____

To: _____

From: _____

Name

Address

Address

City *State* *Zip*

Please close the following accounts with your institution:

Account # _____ Checking Savings Money Market
 Other _____

Account # _____ Checking Savings Money Market
 Other _____

Account # _____ Checking Savings Money Market
 Other _____

Any funds remaining in these accounts should be sent to:

- The address shown above
- One of the following addresses

Bank Name: **Lake Elmo Bank**
Bank Address: **Post Office Box 857 Lake Elmo MN 55042**
Routing #: **091910196**
Account Number _____ Checking Savings

OR

Street

City *State* *Zip*

Signature _____

Date _____

