Tompkins State Bank

Account Closing Authorization

To Whom It May Concern:

Please close the following account to be effective on _____.

Name(s) on the account: _____

_____

Type of account: ____ Checking _____ Savings

Account # _____

_____There is no disbursement of funds necessary.

_____The account balance is zero.

_____I have deposited a check for the balance in my new account at Tompkins State Bank.

_____Disbursement of funds is necessary. Please prepare a cashier's check for the balance of the account made payable to:

_____Names on the account

_____Tompkins State Bank for the benefit of _____
(Tompkins State Bank account holder's name)

Please include my checking/savings account number _____ on the check and mail to:
(Please circle the appropriate location)

Tompkins State Bank
PO Box 319
Avon, Illinois 61415

Tompkins State Bank
PO Box 299
Abingdon, Illinois 61410

Tompkins State Bank
PO Box 299
Knoxville, Illinois 61448

Tompkins State Bank
1380 N. Henderson St.
Galesburg, Illinois 61401

Attention: _____

Signature: _____ Date: _____