



Account Closing Request

Instructions: Complete this authorization to close accounts at other financial institutions and have funds transferred to your Charter Oak Bank account. Print one authorization for each financial institution where you have accounts. Remember to destroy old checks and your old ATM and debit cards.

Date: _____

To (Current Bank): _____

Attn: Customer Service Department

Address: _____

City/State/Zip _____

PLEASE CLOSE THE FOLLOWING ACCOUNT(S) WITH YOUR INSTITUTION effective as of _____.

Account Number _____ Type of Account _____

Account Number _____ Type of Account _____

Account Number _____ Type of Account _____

Please send a check for the remaining balance plus accrued interest to:

Charter Oak Bank
Attn: Operations
600 Trancas Street
Napa, CA 94558
(707) 265-2000

Please call if you need more information.

Sincerely,

Signature

Name

Address

City/State/Zip

Telephone Number