Easy Switch Account Closing Authorization

Account Holder Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Joint owner (if applicable): _____

Previous Financial Institution Information

Institution Name: _____

Address: _____

City: _____ State: _____ Zip: _____

☐ Checking ☐ Savings ☐ Other _____

Account Number: _____

☐ Checking ☐ Savings ☐ Other _____

Account Number: _____

☐ Checking ☐ Savings ☐ Other _____

Account Number: _____

Please mail remaining account balances to:
Blackhawk Bank
Attn: Main Teller Line
P.O. Box 719
Beloit, WI 53512-0719

When mailing remaining balance, please reference customer's name and account number ending in _____.
(last 4 numbers of Blackhawk Bank account)

Questions? Call 800.209.2616

I hereby authorize the closure of the account(s) listed above. I acknowledge that all debts and checks have cleared the account(s) to be closed. In addition, I confirm that all parties for direct deposit and automatic payments have been notified to stop.

_____ _____

Account Owner Signature Date Joint Owner Signature (if applicable) Date

Blackhawk Bank
The advice you need for the life you want.

MEMBER FDIC EQUAL HOUSING LENDER

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