

ACCOUNT CLOSE-OUT AUTHORIZATION FORM

To: _____

Date: _____

This letter serves as authorization for you to close the account(s) listed below and transfer the account balance(s) plus accrued interest to Orrstown Bank for deposit to into my new Orrstown Bank account.

NEW Orrstown Bank Account Number: _____

Orrstown Bank Routing Number: **0313 1503 6**

Make Check Payable To: **Orrstown Bank**

Send Check To: **Orrstown Bank**
ATTN: Client Service Center
2695 Philadelphia Avenue
Chambersburg, PA 17201

Immediately close and transfer the balance and accrued interest in the following account(s):

Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
Account Number:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market
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I/we hereby authorize the above-referenced close-outs and transfer of funds.

Account Holder Printed Name

Phone Number

Account Holder Signature

Date

Account Co-holder printed name (if jointly owned)

Phone Number

Account Co-holder Signature (if jointly owned)

Date