

BCB SWITCH KIT

Account Closure Authorization

Use this form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account. You can authorize your remaining balance to be deposited automatically to your new Benchmark Community Bank account(s) or paid by a check forwarded to your mailing address.

Notification of Account Closure Authorization

To Whom It May Concern:

Financial Institution:

Address:

City, State, ZIP:

Please close my account:

Account Number: Primary Owner:

Address:

City, State, ZIP:

Please send the remaining balance to:

Place an X next to your desired option.

Please deposit directly to my new account at
Account # 0514 0248 2

Please forward me a check to my address listed below.

Primary Signature: Date:

Joint Signature:

Name:

Address:

City, State, ZIP:

Phone Number:

Welcome to Benchmark!

Drop these forms by your local Benchmark branch, and we'll finish the switch for you.

You might want to keep copies of these forms handy in case there are any accounts you might have forgotten.

With you for Life!

