



HOME STATE BANK
YOUR BANK FOR LIFE

AUTOMATIC CLOSURE AUTHORIZATION – Form 3

TO:

Current Financial Institution

FROM:

Name

Date

Address

City, State, Zip Code

Phone

ACCOUNTS:

Account Number: _____ ☐ Checking ☐ Savings ☐ Other

Account Number: _____ ☐ Checking ☐ Savings ☐ Other


Account Number: _____ ☐ Checking ☐ Savings ☐ Other

Account Number: _____ ☐ Checking ☐ Savings ☐ Other

I, _____ hereby authorize the closure of the above listed account(s). Please mail any remaining funds in these accounts to:

☐ Me, at the above-listed address

☐ Home State Bank  115 West State Street
Jefferson, IA 50129

 101 East Bridge Road
Polk City, IA 50226

Primary Account Holder Signature

Printed Name

Date

Joint Account Holder Signature

Printed Name

Date

Note: Prior to sending this Account Closure Authorization, review your Home State Bank account(s) statements to ensure all payments and deposits have been switched to your new Home State Bank account.