

Account Closing Change Form

Farmers State Bank of Madelia
PO Box 188
Madelia, MN 56062
507-642-3251

**** Send this form to your previous financial institution****

Please accept this form as written notification to close my account at your financial institution. If you have any questions about this account-closing request, please contact me immediately.

Please send remaining funds by check and a copy of this form to:

Farmers State Bank of Madelia

Attn: Customer Service
PO Box 188
Madelia, MN 56062

To: (previous institution information)

Previous Institution _____
Company Address _____
City _____ St _____ Zip _____

RE: Request to close account

Account # to be closed: _____

Account Type to be closed:

Checking Savings Money Market Other _____

Effective Date Immediately Date: ____/____/____

Authorized Signer: _____ Date: _____

Authorized Signer: _____ Date: _____

Attention Farmers State Bank of Madelia:

Please deposit funds into my account # _____

From:

My Name / Business Name _____
Account Co-Owner _____
My Personal / Business Address _____
City _____ St _____ Zip _____
Phone # _____