



Account Close-Out Authorization Form

Please send this form to your old Financial Institution

Date:

To whom it may concern:

Please close my checking account, _____, effective _____.
(account number) (date)

I am requesting that you forward the remaining balance, plus all accrued interest, to:

_____ My home address:

OR

_____ Rhinebeck Savings Bank
Attn: Customer Solutions Center
PO Box 1191
Poughkeepsie, NY 12602
Routing Number: 221971015
Account Number: _____

If you any questions regarding this request, please contact me at (_____) _____.
(phone number)

Thank you,

Authorized Signature

Joint Owner Signature

Name (please print)

Joint Owner Name (please print)

Street Address

City, State, Zip

IMPORTANT NOTE: Make sure all checks that you have written clear your checking account before sending this form.