



Authorization to Close Account Form

Complete and mail this form to your previous financial institution after opening your Mariner's Bank account and confirming that all checks have been paid from your former account and all automatic payments/direct deposits have been transferred to your new checking account at Mariner's Bank.

To: _____

Date: _____

Please accept this letter as authorization to close the account listed below and transfer the balance, plus any accrued interest, to Mariner's Bank for deposit to account number: _____

Effective immediately please close and transfer the balance in the following account:

Account Number _____ Account Type: Checking/Savings/Money Market

Primary Account Owner Name

Joint Owner Name (if applicable)

Proceeds from the above referenced account are to be mailed to the address provided below.

Mariner's Bank

Branch Address

City

State

Zip

Branch Phone Number

Branch Representative

I hereby authorize the closing of this account and transfer of funds to Mariner's Bank. All my checks have cleared and automatic payments have been stopped. If joint account, I hereby certify that the co-owner is living.

Account Holder Signature

Telephone Number

Account Holder Signature (if applicable)

Telephone Number

Your prompt attention to this request is appreciated.