



Simple Switch Kit
Account Closing Request

To: _____

I/we hereby authorize the closure of the account(s) listed below. Please mail any remaining funds to:

- Me, at the address listed below
- Union National Bank, PO Box 249, Sparta, WI 54656
Reference Account# _____

Customer(s) Name: _____

Address: _____ Ph #: _____

_____ Date: _____

Account(s) to be closed:

- Account# _____ Checking Savings Money Market Other
- Account# _____ Checking Savings Money Market Other
- Account# _____ Checking Savings Money Market Other
- Account# _____ Checking Savings Money Market Other
- Account# _____ Checking Savings Money Market Other

Primary account holder signature: _____

Joint account holder signature: _____

**Note: prior to sending this account closing request, please review or call your UNB deposit account administrator to verify that all direct deposits and/or automatic payments have switched over to your new account at UNB.