

## **Account Closure Request**

**Financial Institution** 

Address, City, State & Zip

## Fax Number

I would like to close my account(s) described below. Please process this request and forward any remaining funds in the account(s) by check to the address indicated.

Account Number/Type

Account Number/Type

Account Number/Type

Account Number/Type

If you have any questions about this request, please contact me. Otherwise, send any remaining funds by check to the following address:

Me, at the address below:

	4425 Singing Hills Blvd., Sioux City, IA 51106
	PO Box 109, Okoboji, IA 51355
	5260 NW 86th St., Johnston, IA 50131
	324 Dakota Dunes Blvd., Dakota Dunes, SD 57049
	□ 3520 S. Louise Ave., Sioux Falls, SD 57106
Signature	4619 E. Arrowhead Pkwy., Sioux Falls, SD 57110
 Print Name	133 S. Main Ave., Sioux Falls, SD 57104
	PO Box 10, Elk Point, SD 57025
	PO Box 1811, North Sioux City, SD 57049
Signature	

**Liberty National Bank** 

Print Name