



ACCOUNT CLOSE-OUT AUTHORIZATION FORM

To: _____

Date: _____

This letter serves as authorization for you to close the account(s) listed below and transfer the account balance(s) plus all accrued interest to Orrstown Bank (routing number: **0313 1503 6**) for deposit to my new Orrstown Bank account number _____. Please make the check payable to Orrstown Bank for credit to this account number. The check should be sent to:

Orrstown Bank, Attn: Customer Service Center
2695 Philadelphia Avenue
Chambersburg, PA 17201

Immediately close and transfer the balance and accrued interest in the following accounts:

Checking Savings Money Market Account # _____
 Checking Savings Money Market Account # _____
 Checking Savings Money Market Account # _____

Thank you,

I hereby authorize the above-referenced closeouts and transfer of funds.

| | | |
|--|-------|-----------|
| _____ | _____ | _____ |
| Account Holder Signature | Date | Telephone |
| _____ | _____ | _____ |
| Account Co-holder Signature (if jointly owned) | Date | Telephone |