



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 checks should be sent to:
 Orrstown Bank, Attn: Customer Service Center, P O Box 250, Shippensburg, PA 17257

Immediately close and transfer the balance and accrued interest in the following accounts:			
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	Account # _____
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	Account # _____
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market	Account # _____

Thank you,

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

_____	_____	_____
account holder signature	date	telephone
_____	_____	_____
account holder signature	date	telephone

