Account Holder Signature



Date

NOTE: We advise you to wait to close your former account to make sure all outstanding debits have been received and all automatic transfers and direct deposits have been transferred to your new account with North Star Bank. This means you could have two checking accounts open at two different banks at the same time.

PREVIOUS FINANCIAL INFORMATION

Address City, State and Zip			
City, State and Zip			
ACCOUNT HOLDER INFORMATION			
Last Name	First Name	Middle	
Address			
City, State and Zip			
Phone Number (Day / Evenin	g) Please circle one.	Social Security # (if applical	ole)
Please close the accounts listed	l below effective immed	iately and forward any remai	ning balances
authorized below.			0
A account #		Circle One)	
Account #: Account #:			
Account #:			
Account #:			
Remittance of Funds Request:	(Check one)		
Make Cashiers Check paya			
,		Star Bank, 4661 Highway 61,	
White Bear Lake, MN			
Mail Cashier's Check to m	y address		
I hereby authorize the closing	of this account and trar	sfer of funds	
Account Holder Signature	Nam	e (please print)	Date

Name (please print)