

AUTHORIZATION TO CLOSE ACCOUNT

For your convenience, Security Bank will send this form to your existing financial institution.

| Please close the following accounts: | |
|--|------|
| Financial Institution | |
| Address | |
| CityStateZip | |
| Account Number | |
| Account Number | |
| Effective Date | |
| Name on the account | |
| Address | |
| CityStateZip | |
| Social Security Number | |
| Telephone Number | |
| Please send the balance of my account(s) for deposit on Security Bank account # Security Bank Routing # 091806242 | |
| I authorize the closing of my account(s) as noted above. | |
| | |
| Signature | Date |
| Your prompt attention to this request is appreciated. Thank you. | |
| PLEASE RESPOND TO SECURITY BANK | |
| Attn: New Accounts at one of the locations below. | |
| | |

| New Auburn | Sand Creek | Bloomer | Ridgeland | Dallas |
|----------------------|----------------------|-------------------|---------------------|------------------|
| P.O Box 278 | P.O. Box 95 | P.O. Box 286 | P.O. Box 156 | P.O. Box 248 |
| New Auburn, WI 54757 | Sand Creek, WI 54765 | Bloomer, WI 54724 | Ridgeland, WI 54763 | Dallas, WI 54733 |
| Ph. 715-237-2658 | Ph. 715-658-1415 | Ph. 715-568-3400 | Ph. 715-949-2265 | Ph. 715-837-1129 |
| Fax 715-237-2650 | Fax 715-658-1592 | Fax 715-568-3423 | Fax 715-949-1255 | Fax 715-837-1329 |