



Heritage Bank
of St. Tammany | est.1924



ACCOUNT CLOSING AUTHORIZATION

To: _____
(Financial Institution)

From:

Name Date

Address

City, State, Zip code Phone

Account Information (Complete as much as possible)

Account Number: _____ ☐ Checking ☐ Savings ☐ Other

Account Number: _____ ☐ Checking ☐ Savings ☐ Other

Account Number: _____ ☐ Checking ☐ Savings ☐ Other

Account Number: _____ ☐ Checking ☐ Savings ☐ Other

I hereby authorize the above listed account(s) be closed. Please mail any remaining funds in these accounts to:

Me, at the above listed address or

☐ **Heritage Bank**
Attn: Customer Service
205 N. Columbia Street
Covington, LA 70433

HB account number to be credited: _____

Account Holder Signature Date

Printed Name