



Authorization to Close Account

Please complete and sign to let Park National Bank close your account.

Name _____

Telephone Number _____

Address _____

City _____ State _____ Zip _____

Previous Bank Name _____

This form gives you the authorization to close account number _____

and forward the balance to Park National Bank, 50 Third Street, Newark, Ohio 43055

Please make check payable to Park National Bank for benefit of _____

Signature _____ Date _____

Joint Signature _____ Date _____