

Overdraft Protection Closing & Payoff

Financial Institution Name & Address

Please use the enclosed funds to pay off and close the following account:

Account Number	Account Type (check one) <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit
Payoff Amount	Date of Payoff

Customer Information

Name	
Street Address	City, State, Zip

By signing below, I authorize you to pay off and close the above account.

Signature X	Date
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