OLD BANK NAME			Miami S	Savings
ADDRESS		Simple Switch Kit		
CITY, STATE & ZIP CODE				
RE: Closing my account(s)				
This letter is to inform you t following account(s) listed b I have made sure that I have	below and send a chec	ck for the rem		
Thank you for your prompt Sincerely,	assistance in this ma	uer.		
DRIGINAL SIGNATURE(s) REQUIRED TO AUT	THORIZE CHANGE	DATE		
ORIGINAL SIGNATURE(s) REQUIRED TO AUT ORIGINAL SIGNATURE(S) REQUIRED TO AUT		DATE		
ORIGINAL SIGNATURE(S) REQUIRED TO AUT	THORIZE CHANGE	DATE	AL SECURITY NUMBER(S)	
ORIGINAL SIGNATURE(S) REQUIRED TO AUT ACCOUNT INFORMATIC ACCOUNT HOLDER NAME(S)	THORIZE CHANGE	DATE	AL SECURITY NUMBER(S) STATE	ZIP CODE
	THORIZE CHANGE ON	DATE		ZIP CODE



Our Focus is....YOU!



SAVINGS ACCOUNT NUMBER(s)