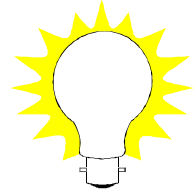


**Personal Switch Kit
Authorization to Close my Checking Account**



TO: (previous financial institution name and address):

Effective _____ please close Checking Account # _____
MO/DAY/YEAR

Account Holder _____ SS# _____ Phone# _____

On the effective closing date, please send account balance to:

- First Bank of Owasso
ATTN: New Accounts
PO Box 1800
Owasso, OK 74055

- Directly to me at:

Name

Address

City State

Signature(s) _____

Make sure that all outstanding checks and check card authorizations have cleared before submitting final balance.