

Make the Move to **Bank of Pontiac**



Authorization To Change

Certificate of Deposit

On the maturity date, please close my Certificate of Deposit at:

(name and address of current financial institution)

Acct. # _____

Account Holder _____

Social Security # _____

Joint Account Holder _____

Social Security # _____

On the maturity date, please send funds by mail with this form and customer reference to:

Bank of Pontiac
300 W. Washington
Pontiac, IL 61764
Routing #071122263

Signature(s) _____

Date _____

Street Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

Return to Your Current Financial Institution.