

Authorization to Close Line of Credit

RE: Account Number:		
/We request that the account listed above be closed and payment of the balance in full.	d upon the Bank's receipt and proces	sing of this signed authorization
/We also understand that the right to obtain advance honored or applied to the line of credit.	ces is terminated and no further chec	cks or automatic deductions will
This request does not relieve me/us from any liability any balances that may result from: the reversing of phass been processed; or checks paid prior to closing.		
Borrower Signature	Phone Number	 Date
Borrower Signature	Phone Number	 Date
We continue to value the opportunity to serve you. Fnave any questions about your account.	Please email payoffrequests@fsbwa.	com or call (800) 683-0973 if you
Sincerely,		
Collateral & Payoffs Lst Security Bank 800) 683-0973 payoffrequests@fsbwa.com		

