



BANK OF NAPA, N.A.

**BON-a-Fide
Switch Form**

ACCOUNT CLOSING / TRANSFER AUTHORIZATION

To: _____
Financial Institution Name

Mailing Address

City State Zip Phone

From: _____
Name (Primary Account Holder) Name (Secondary Account Holder)

Mailing Address

City State Zip Phone

Social Security Number (Primary Account Holder) Social Security Number (Secondary Account Holder)

RE: Account Closing Request

PLEASE CLOSE THE FOLLOWING ACCOUNT(S) WITH YOUR INSTITUTION effective as of _____:

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Deposit Instructions:

Deposit entire amount to Bank of Napa account # _____ OR

Deposit \$ _____ to Bank of Napa account # _____ AND the remainder to account # _____

I authorize:

- * The listed entity to close the accounts listed here.
- * The transfer of these funds to my Bank of Napa account(s) as indicated.
- * Bank of Napa to credit entries to my account(s) as specified.

Please retain funds to pay for the following items:	Check # / Description	Amount

Please send any remaining funds in these accounts to the following:

**Bank of Napa
2007 Redwood Rd., Ste 101
Napa, CA 94558**

Transit/ABA# 121144285

Signature: _____
Primary Account Holder

Signature: _____
Secondary Account Holder