

## **Account Closure Notification**

Please accept this document as authorization to close my account(s) with your institution. Please close the accounts(s) listed below.

To:		
Bank Name	Bank Address	
Bank City	Bank State, Zip	
Account Number		
Checking	Savings Money Market Other	
Account Number	r	
Checking	Savings Money Market Other	
Account Number		
Checking	Savings Money Market Other	
	·	
Checking	Savings Money Market Other	
Please send any i	remaining funds in the aforementioned account(s) listed to the follo	wing address:
First Ban	k of Pike	
P.O. Box	348	
Molena,	Georgia 30258	
Deposit Instruction	ons:	
	entire amount to checking account number:	OR
Name and the same	\$ to savings account number:	
The rema	ainder to checking account number:	•
From:		
Name	Address City	
State, Zip		
I authorize:		
The liste	d entity to close the account(s) listed above.	
The trans	sfer of my funds to my (insert bank name) checking and/or savings a	ccount(s) listed
🗍 First Ban	ak of Pike to credit deposits to my account(s) as specified.	
Signature:	Date:	