



Account Closure Notification

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

To:

Bank Name _____ Bank Address _____
Bank City _____ Bank State, Zip _____

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Please send any remaining funds in the aforementioned account(s) listed to the following address:

First Bank of Pike
P.O. Box 348
Molena, Georgia 30258

Deposit Instructions:

Deposit entire amount to checking account number: _____ OR
 Deposit \$_____ to savings account number: _____ AND
The remainder to checking account number: _____.

From:

Name _____ Address _____ City _____
State, Zip _____ Telephone Number _____ SS# _____

I authorize:

- The listed entity to close the account(s) listed above.
- The transfer of my funds to my (insert bank name) checking and/or savings account(s) listed.
- First Bank of Pike to credit deposits to my account(s) as specified.

Signature: _____ Date: _____



Account Closure Notification

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