



Authorization to Close Checking Account

Please close my checking account at:	
Name of Previous Financial Institution	
Previous Account Number	
Name on Account	
Social Security Number	
Secondary Name on Account	
Address*	
Phone Number	

* If address has changed, your current financial institution may require additional documentation.

Please transfer my funds to:

Legacy State Bank
3825 Harrison Road
Loganville, GA 30052

770-554-2265
ABA# 061120518

I hereby authorize my current financial institution to complete the requested transfer from my existing account to my new account at Legacy State Bank. Please send a check made payable to me and note on the check that it is for deposit into Legacy State Bank account #_____.

Signature-Primary _____ Date _____

Signature-Secondary _____ Date _____