

Account Closing Authorization Form

Date _____

To (Financial Institution) _____

Address _____

City, State, Zip _____

From _____

Please close the following account(s) with your institution:

Account Type <i>Checking, Savings, Money Market</i>	Account Number

- No disbursement of funds is necessary.
- The account balance is zero.
 I have deposited a check for the balance in my new bank.
- Disbursement of funds is necessary. Prepare a cashier's check for the balance of my account, payable to:
- Name(s) on account and mail to: _____
- Legacy State Bank for the benefit of _____
(Legacy State Bank Account Holder's Name)
- To be deposited in Account#: _____

Mail Check to: **Legacy State Bank 3825 Harrison Rd. Loganville, GA 30052**

Sincerely, _____

I hereby authorize the change to my account:

Signature of Account Holder _____

Date _____

Signature of Account Holder _____

Date _____