



Simple Banking...Superior Service

Account Closing/Transfer Request Form

Please accept this letter 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 accounts listed to the following address:
Franklin County United Bank 2030 Decherd Blvd. Decherd, TN 37324

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 _____ Social Security Number _____

I authorize:

- . The listed entity to close the account(s) listed here.
- . The transfer of my funds to my Franklin County United Bank checking and/or savings account(s) as indicated.
- . Franklin County United Bank to credit deposits to my account(s) as specified.

Signature: _____ Date: _____