

Form #1

Account Closing Notification

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:
Sumner Bank & Trust • 240 West Broadway • Gallatin, TN 37066**

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 here.
 The transfer of my funds to my SB&T checking and/or savings account(s) as indicated.
 SB&T to credit deposits to my account(s) as specified.

Signature: _____ **Date:** _____