

5 Account Closing Authorization

Dear Sir or Madam:

Please close my account indicated below effective ____/____/____.

Name(s) on Account: _____

Type of Account: _____ Account Number: _____

- No disbursement of funds is necessary.
 - The account balance is zero.
 - I have deposited a check for the balance in my new institution.
- Disbursement of funds is necessary. Prepare a cashiers check for the balance of my account payable to:
 - Names on account and mail to: _____
 - Bank of Stanly for the benefit of _____ (*Bank of Stanly Checking Account Holder's Name*)

To be deposited in account number: _____

Please include my social security number
(print your social security number here) _____

and the above account number on the check and mail to:

Bank of Stanly
P.O. Box 338
Albemarle, NC 28002

Signature _____ Date _____