

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 _____ City _____ ST _____ Zip _____

Account Number _____

Type of Account: Checking Savings Money Market Other _____

Account Number _____

Type of Account: Checking Savings Money Market Other _____

Account Number _____

Type of Account: Checking Savings Money Market Other _____

Account Number _____

Type of Account: Checking Savings Money Market Other _____

Please send any remaining funds in the accounts listed to the following address:

Athens Federal Community Bank • PO Box 869 • Athens, TN 37371-0869

Deposit Instructions:

- Deposit entire amount to checking account number: _____ OR
 Deposit \$ _____ to savings account number: _____ AND
the remainder to checking account number: _____

I authorize (check all that apply):

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

Signature: _____ Date: _____