

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 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 cashier's check for the balance of my account payable to:
 - Names on account, and mail to: _____
 - Southern Bank for the benefit of: _____
Southern Bank Checking Holder's Name

To be deposited in account number: _____

Type of account: Checking Savings

Please include the last four digits of my Social Security number _____ and the above account number on the check and mail to: Enter last four digits of Social Security Number only.

Enter your Southern Bank branch address:

Signature(s)

_____ Date _____
Account Holder Signature

_____ Date _____
Joint Account Holder Signature

