

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 Address		
Bank City	Bank State, Zip		
A account Number			
Chastring	SavingsMoney M	Moultot Othor	
Cnecking	SavingsMoney N	TarketOther	
Account Number			
Checking	SavingsMoney M	TarketOther	
Account Number			
Checking	SavingsMoney M	IarketOther	
Account Number			
Checking	SavingsMoney M	Aarket Other	
<u> </u>	<u> </u>		
Deposit Ins	tructions:	Hillsboro Blvd. Manchester, TN	
-	_	nt number:	
	Deposit \$to savings account number:ANI		
	er to checking account number	:	
From:			
Name	Address	City	
	Telephone Number	Social Security Number	
I authorize:			
	listed entity to close the accoun		
	ransfer of my funds to my Peop	* ·	
	king and/or savings account(s)		
Peop	les Bank & Trust Company to	credit deposits to my account(s) as	specified.
Signature:		Date:	

1203 Hillsboro Boulevard Manchester, TN 37355 931-728-3381