

## 5 Account Closing Authorization

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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: \_\_\_\_\_
  - Cabarrus Bank & Trust for the benefit of \_\_\_\_\_ (*Cabarrus Bank & Trust 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:

Cabarrus Bank & Trust  
P.O. Box 1970  
Concord, NC 28025

Signature \_\_\_\_\_ Date \_\_\_\_\_