



**Authorization to Close Checking Account**

<b>Please close my checking account at:</b>	
Name of Previous Financial Institution	
Previous Account Number	
Name on Account	
Social Security Number	
Secondary Name on Account	
Address*	
Phone Number	

\* If address has changed, your current financial institution may require additional documentation.

Please transfer my funds to:

Legacy State Bank  
3825 Harrison Road  
Loganville, GA 30052

770-554-2265  
ABA# 061120518

I hereby authorize my current financial institution to complete the requested transfer from my existing account to my new account at Legacy State Bank. Please send a check made payable to me and note on the check that it is for deposit into Legacy State Bank account #\_\_\_\_\_.

Signature-Primary \_\_\_\_\_ Date \_\_\_\_\_

Signature-Secondary \_\_\_\_\_ Date \_\_\_\_\_