

## Form #1 - Account Closing Notification

o OTHER

Please accept this letter as authorization to close my account (s) with your institution. Please close the account (s) listed below.

| TO:       |  |                                  |
|-----------|--|----------------------------------|
|           |  | BANK ADDRESSS<br>BANK STATE, ZIP |
| ACCOUNT N | NUMBER                                       |                                  |
| 0         | CHECKING<br>SAVINGS<br>MONEY MARKET<br>OTHER |                                  |
| ACCOUNT N | NUMBER                                       |                                  |
| 0         | CHECKING<br>SAVINGS<br>MONEY MARKET<br>OTHER |                                  |
| ACCOUNT N | NUMBER                                       |                                  |
| 0         | CHECKING<br>SAVINGS<br>MONEY MARKET<br>OTHER |                                  |
| ACCOUNT N | NUMBER                                       |                                  |
| 0         | CHECKING<br>SAVINGS<br>MONEY MARKET          |                                  |

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

Sweet Water State Bank · 31385 Alabama Highway 10 · Sweet Water, Al 36782

Mailing Address: P O Box 128

Sweet Water, Al 36782

| Depos  | sit Instructions:   |                 |       |  |
|--------|---|-----------------|-------|--|
| 0      | Deposit entire amount to checking account number:   |                 |       |  |
| 0      | Deposit \$to savings account number:  |                 |       |  |
|        | remainder to checking account number: _   |                 |       |  |
| From:  |   |                 |       |  |
| Name   | Address   | City            | State |  |
| Zip    | Telephone Number  | Social Security |       |  |
|        | er  | •               |       |  |
| 0      | The listed entity to close the account (s) listed here. The transfer of my funds to my SWSB checking and/ or saving account (s) as indicated. SWSB to credit deposits to my account (s) as specified. |                 |       |  |
| O      | OVOD to orealt acposits to my account (o  | , ao spedifica. |       |  |
| Signat | ture:   | Date:           |       |  |