

FORM #1

ACCOUNT CLOSING NOTIFICATION

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



First for You

Member FDIC Equal Housing Lender

Scottsboro • Bridgeport • Henagar • Morgan City • Pisgah • Section • Skyline • Woodville

To:

Bank Name _____ Bank Address _____

Bank City _____ Bank State, Zip _____

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

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

FNB Bank • PO Box 130 • Scottsboro, AL 35768

Deposit Instructions:

Deposit entire amount to checking account number: _____ OR

Deposit \$ _____ to savings account number: _____ AND

the remainder to checking account number: _____ .

From:

Name _____ Address _____ City _____

State, Zip _____ Telephone Number _____ Social Security Number _____

I authorize:

The listed entity to close the account(s) listed here.

The transfer of my funds to my FNB checking and/or savings account(s) as indicated.

FNB to credit deposits to my account(s) as specified.

Signature: _____ Date: _____