



## ACCOUNT CLOSING/TRANSFER REQUEST

Thank you for choosing Legends Bank! Use this simple form to close your former bank account(s) and transfer any remaining account balance(s) from your old bank to your new Legends Bank account. Send this completed form to your former bank once all checks have cleared on the account. Make sure enough funds are available in your old account to cover any automatic payments that have yet to be withdrawn. Double check maturity dates if transferring a certificate of deposit in order to avoid possible penalties. For assistance, please contact a Legends Bank customer service representative.

To: Bank Name \_\_\_\_\_  
Bank Address \_\_\_\_\_  
Bank City \_\_\_\_\_  
Bank State, Zip \_\_\_\_\_

From: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_

Re: Account closing request

Please close the following accounts with your institution effective as of \_\_\_\_\_

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 these accounts to the following address:

Legends Bank  
PO Box 1066  
Clarksville, TN 37041  
Transit /aba# 064108443

### Deposit Instructions:

Deposit entire amount to checking account number: \_\_\_\_\_ or deposit \$ \_\_\_\_\_ to savings account number: \_\_\_\_\_ and the remainder to checking account number: \_\_\_\_\_

### Authorization:

I authorize the listed entity to close the accounts listed here.  
The transfer of my funds to my Legends Bank checking and/or Savings account(s) as indicated.  
Legends Bank to credit entries to my account(s) as specified.

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

*original signature required to authorize change*