COMMUNITY BUSINESS BANK

"Switch Form"
ACCOUNT CLOSING / TRANSFER AUTHORIZATION

To: _____
Financial Institution Name

_____
Mailing Address

_____
City State Zip Phone

From: _____
Name (Primary Account Holder) Name (Secondary Account Holder)

_____
Mailing Address

_____
City State Zip Phone

_____
Social Security Number (Primary Account Holder) Social Security Number (Secondary Account Holder)

RE: Account Closing Request

PLEASE CLOSE THE FOLLOWING ACCOUNT(S) 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

Deposit Instructions:

☐ Deposit entire amount to Community Business Bank account # _____ OR

☐ Deposit $_____ to Community Business Bank account # _____ AND the remainder to account #_____

Please retain funds to pay for the items below	Check # / Description	Amount

I authorize:
* The listed entity to close the accounts listed here.

* The transfer of these funds to my Community Business Bank account(s) as indicated.

* Community Business Bank to credit entries to my account(s) as specified

Please send any remaining funds in these accounts to the following:
Community Business Bank
407 East Maple Street, Ste 104
Cumming, GA 30040

Signature: _____
Primary Account Holder

Signature: _____
Secondary Account Holder