

Discover the Difference

Authorization to close my
Deposit Account



On: _____ please close my deposit account # _____ at _____
(Date) (Name of Financial Institution)

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

Account Holder _____ 2nd Account Holder _____

On the closing date, please send remaining funds with a copy of this form to:

Directly to my Address: _____

Bank of North Carolina, PO Box 1148, Thomasville, NC 27361 Account # _____

Signature _____ Day-time Phone Number: _____

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