

The Simple Switch: Account Closing Notification

To:

Bank Name _____ Address _____

City, State _____ Zip Code _____

From:

Name(s) on account(s) _____ Address _____

City, State _____ Zip Code _____

Telephone Number _____ Social Security Number _____

E-mail Address: _____

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

Account Number _____

 Checking Savings Money Market Certificate of Deposit

Account Number _____

 Checking Savings Money Market Certificate of Deposit

Account Number _____

 Checking Savings Money Market Certificate of Deposit

Account Number _____

 Checking Savings Money Market Certificate of Deposit**Please transfer any remaining funds in the accounts listed to:***Write in the address of the Capital City Bank office where you bank. See www.ccbg.com/locations for addresses.*

Capital City Bank (Address) _____ (City, State) _____ (Zip Code) _____

Electronic Deposit Instructions: Capital City Bank routing number: **063100688** Deposit entire amount to checking account number: _____ **OR** Deposit \$ _____ to savings account number: _____ **AND**

the remainder to checking account number: _____.

I authorize:

- The listed entity to close the account(s) listed here.
- The transfer of my funds to my Capital City Bank checking and/or savings account(s) as indicated.
- Capital City Bank to credit deposits to my account(s) as specified.

Signature _____ Date _____

