

Closing Your Other Accounts

Primary Applicant

Name _____

Mailing Address _____

City _____

State _____

Zip _____

Social Security # _____

Phone # _____

Day _____

Evening _____

Email _____

Please Close this account _____

Checking _____

Savings _____

Account Number _____

Please Close this account _____

Checking _____

Savings _____

Account Number _____

Please Close this account _____

Checking _____

Savings _____

Account Number _____

Send the balance of my account to:

**Peoples Bank
Attn: Operations
P.O. Box 7
Mendenhall, MS 39114**

I authorize the closing of these account (s).

Primary Account Holder Signature X _____

Secondary Account Holder Signature X _____

Date _____