



CLOSE ACCOUNT

Date

Financial Institution Name

Address

City, State, Zip

To Whom It May Concern:

Please close my Account _____ (account number), and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the Day/Evening (circle one), at (_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (please print)

Address

City, State, Zip



DIRECT DEPOSIT FORM

Date

Employer/Depositors Name

Address

City, State, Zip

You are currently depositing MY ENTIRE PAYCHECK / PART OF MY PAYCHECK (circle one) to the following account:

Old Financial Institution: _____

Routing Number: _____

Account Number: _____

Please stop making deposits to that account and instead send them to:

NorthSide Bank of Adairsville

Routing Number 061120576

Account Number: _____

If you have any questions about this request, please contact me during the Day/Evening (circle one), at (_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip



CHANGE YOUR AUTOMATIC WITHDRAWAL

Date

Name of Company Making Automatic Withdrawal

Address

City, State, Zip

To Whom it May Concern:

You are currently withdrawing \$ _____ (amount)
For my _____ (what payment is for)
At _____ (account or other identifying number)
On _____ (recurring date)

From the following account:

Old Financial Institution: _____
Routing Number: _____
Account Number: _____

Please stop making withdrawals from that account and instead make them from:

NorthSide Bank of Adairsville
Routing Number 061120576
Account Number: _____

If you have any questions about this request, please contact me during the Day/Evening (circle one), at (_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip