

Complete and sign this form to allow Sevier County Bank to close your account at your previous financial institution. If you are closing multiple accounts, please submit a form for each account. Make as many copies of this form as you need.

Previous Financial Institution Information

Name of Institution _____

Address _____

City _____

State _____ Zip _____

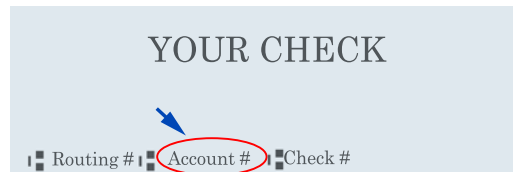
Telephone _____

Account type Checking Savings Other _____

I, (print name) _____ hereby authorize the closing of the specific account listed above. All my checks have cleared this account and all direct deposits and automatic payments have been stopped.

Please send balance of account to

Sevier County Bank
111 E. Main Street
P.O. Box 5288
Sevierville, TN 37864



Routing Number :064202763

My Account # _____

Primary Account Holder's Information

Name _____

Address _____

City _____ State _____

Zip _____ Cell Phone _____

Signature _____ Date _____

Joint Account Holder's Information

Name _____

Address _____

City _____ State _____ Phone _____

Cell Phone _____

Signature _____ Date _____

