

FORM 1

Account Closing Notification



To: _____

Bank Name _____ Bank Address _____

Bank City _____ Bank State, Zip _____

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Please send any remaining funds in the accounts listed to the following address:

Prime Meridian Bank 1471 Timberlane Rd Suite 124 Tallahassee, FL 32312

Deposit Instructions:

- Deposit entire amount to checking/savings account number: _____ OR
- Deposit \$_____ to checking/savings account number: _____ AND the remainder to checking/savings account number _____ .

From:

Name _____ Address _____ City _____

State, Zip _____ Telephone Number _____ SSN# _____

I authorize:

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

Signature: _____ Date: _____