



Authorization to Close Checking Account

Please close my checking account at:	
Name of Previous Financial Institution	
Previous Account Number	
Name on Account	
Social Security Number	
Secondary Name on Account	
Address*	
Phone Number	

* If address has changed, your current financial institution may require additional documentation.

Please transfer my funds to:

The Brand Banking Company
P.O. Box 1110
Lawrenceville, GA 30046

770-963-9224
ABA# 061103276

I hereby authorize my current financial institution to complete the requested transfer from my existing account to my new account at The Brand Banking Company. Please send a check made payable to me and note on the check that it is for deposit into The Brand Banking Company account # _____.

Signature-Primary _____ Date _____

Signature- Secondary _____ Date _____