



1. Move Your Checking Account

Authorization to Transfer Checking Balance (Provide to Closing Institution.)

On _____ 200____, please close checking account # _____

At _____ (Closing Financial Institution).

Account Holder(s): _____

Social Security # _____ - _____ - _____

Account Holder(s): _____

Social Security # _____ - _____ - _____

I (we) have opened an account at Aquesta Bank,

Account # _____

On the closing date, please send remaining funds to:

____ Aquesta Bank OR _____ Directly to me at this address:

Aquesta Bank _____

P.O. Box 700 _____

Cornelius, NC 28031 _____

X Signatures:
