

BANK OF COMMERCE

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 Bank of Commerce,

Account # _____

On the closing date, please send remaining funds to:

_____ Bank of Commerce

OR _____ Directly to me at this address:

Bank of Commerce

100 Queens Road

Charlotte, NC 28204

X Signatures:
