

**Authorization to Close Account**



**Please complete and sign to let SuffolkFirst Bank close your account.**

Current Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

This form gives you the authorization to close  Checking  Savings  \_\_\_\_\_  
account number \_\_\_\_\_ and forward the balance to SuffolkFirst Bank at the address  
provided. Please make the check payable to SuffolkFirst Bank for benefit of (Customer):

\_\_\_\_\_  
Your prompt attention to this request is appreciated. Thank you.

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Joint Signature) (Date)

**Please send check to: SuffolkFirst Bank, P.O. Box 1340, Suffolk, VA 23439-1340 Phone (757) 934-8200**

**Redirecting Your Automatic Payment/Direct Deposit**



**Direct Deposit Authorization**

I authorize (Company Information) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Checking  Savings Account Number: \_\_\_\_\_

Effective Date \_\_\_\_\_

to accept this signed form to direct my debit/credit to SuffolkFirst Bank checking/savings account.  
I understand that it may take up to 30 days to process this request.

\_\_\_\_\_  
(Signature) (Joint Signature)

**SuffolkFirst Bank, P.O. Box 1340, Suffolk, VA 23439-1340, Phone (757) 934-8200**

ACH Routing/Transit Number: **051409184**

Checking  Savings Account Number \_\_\_\_\_ \$ \_\_\_\_\_