



Complete this authorization to close accounts at other financial institutions and have funds transfered to your TENCU account. Print one authorization for each financial institution where you have accounts. Remember to destroy old checks, ATM cards, and

Date:				1025
Financial institution:		TO SERVE		
Address:				nouse & SC
City/State/Zip:		4000000000	< <000000000000	4 4025
TO WHOM IT MAY CONCERN:		I Routing #	I Account #	Check #
Please close my account(s) with y	your financial institution	:		
Account #				
Account #				
Account Holder:				
Account Holder: ——				
SEND A CHECK FOR THE REMAIN	IING BALANCE(S) TO M	IV NIEW.	~HE~KING	
		264080853		
TENCU	Routing #		204000	,000
1400 8th Avenue, Nashville, TN 37203	Checking Account #			
I have made arrangements to dis my accounts at your financial ins		it and au	ıtomatic w	rithdrawal from
CONTACT ME USING THE INFORMA	TION BELOW REGARDING	G ANY Q	UESTIONS (OR CONCERNS:
Account Holder 1 Signature:				
Account Holder 2 Signature:				
Phone:				