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 Carolina Commerce Bank,

Account #_____

On the closing date, please send remaining funds to:

_____Carolina Commerce Bank OR _____Directly to me at this address:

Carolina Commerce Bank _____

Post Office Box 4222 _____

Gastonia, NC 28054-0020 _____

X Signatures:

_____

_____