



Electronic Banking Revocation/Change of Account Access

Business Name: _____

Business Contact Name: _____

Tax ID #: _____ Phone Number: _____

Email address: _____

Name of user: _____

Do you wish to terminate all access to all accounts? Yes No

If no, for which accounts may user continue to conduct transactions? _____

If no, which accounts may user continue to view? _____

Name of user: _____

Do you wish to terminate all access to all accounts? Yes No

If no, for which accounts may user continue to conduct transactions? _____

If no, which accounts may user continue to view? _____

Name of user: _____

Do you wish to terminate all access to all accounts? Yes No

If no, for which accounts may user continue to conduct transactions? _____

If no, which accounts may user continue to view? _____

Name of user: _____

Do you wish to terminate all access to all accounts? Yes No

If no, for which accounts may user continue to conduct transactions? _____

If no, which accounts may user continue to view? _____

Authorized by: _____

(Signature of customer)

Title: _____ Date: _____

Please fax completed form to Surrey Bank & Trust at (336) 789-7868, return to your nearest Surrey Bank branch office or mail to Surrey Bank & Trust, Operations Department, PO Box 1227, Mount Airy, NC 27030. For your protection, please do not email this form.