Request to Close Deposit Account

TO (Bank Name): _____

Address: _____

City: _____ State: _____ Zip Code: _____

FROM (Franklin Savings Bank Customer): _____

Owner/Principal (if a business): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

RE: REQUEST TO CLOSE DEPOSIT ACCOUNT

Please be advised that I've recently changed banks and will need to close my current account with your bank.
My account information is as follows:

Account #: _____

Primary Account Holder: _____

Social Security Number: _____

Please forward all remaining funds in the account to me by check at the following address:

☐ Address Above

Complete if forwarding address is different than address above.

Address: _____

City: _____ State: _____ Zip Code: _____

Should you have any questions regarding this request, please feel free to contact me
using the above-referenced contact information.

_____ _____

Authorized Signature(s) Date