

Close Account Request Form

Complete this form to close your previous bank account(s).

Previous Financial Institution

BANK/FINANCIAL INSTITUTION NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____

To Whom It May Concern:

Please accept this letter as authorization to close account # _____ at your institution and send a check to the address noted below with the remaining balance. If you have any questions, please feel free to contact me at _____. I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch my automatic debits I have associated with this account. Thank you.

OWNER SIGNATURE _____

PRINTED NAME _____ DATE _____

JOINT OWNER SIGNATURE _____

PRINTED NAME _____ DATE _____

Mailing Address

ADDRESS _____ CITY _____ STATE _____ ZIP _____



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