

Close Account Request Form

Please complete this form to close your previous bank accounts(s).

Previous Financial Institution

BANK/FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIPCODE: _____ PHONE #: _____

To Whom it May Concern:

Please accept this letter as authorization to close account #_____ at your financial institution and to 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 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 for your assistance with this request.

OWNER SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

JOINT OWNER SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

Mailing Address

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____



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