STONEHAMBANK
A Co-operative Bank

New Account Switch Kit

Request to Close Account

Please accept this as my authorization to close the following account(s) effective immediately.

Bank: _____

1st Account to be Closed

Account Number: _____

Account Type: ____ Checking ____ Savings ____ Money Market ____ Other

2nd Account to be Closed (if applicable)

Account Number: _____

Account Type: ____ Checking ____ Savings ____ Money Market ____ Other

Customer Information

Please remit any remaining funds in the above account(s) to me at:

_____ _____ _____
First Name Middle Initial Last Name

_____
Street Address

_____ _____
City, State & Zip Daytime Phone

_____ _____
Signature **Date**

_____ _____
2nd Signature (if necessary) **Date**