ACCOUNT CLOSING FORM

REQUEST TO CLOSE BANK ACCOUNT

To:	Date	Date:	
(Bank Name)		(Date of Request)	
	YOUR INFORMATION	N	
Name			
		Zip	
Myself at the address 1	ding any accrued interest, sho		
Spencer Savings Bank,	Account Number	221271951	
Thank you for your assistat		Routing Number	
Account Holder Signature		 Date	



Fill out one Account Closing Form for each account that you would like to close. Additional forms can be picked up at your local branch.