



Authorization to Close Account

DATE

FINANCIAL INSTITUTION NAME

ADDRESS

CITY

STATE

ZIP

CHECKING SAVINGS

REFERENCE ACCOUNT NUMBER

NAME ON ACCOUNT

CO-OWNER NAME

To Whom It May Concern:

Please accept this letter as authorization to close the above referenced account. All remaining funds should be forwarded to:

Woodsville Guaranty Savings Bank
P.O. Box 266
Woodsville, NH 03785
Attn: Deposit Services

Please advise Woodsville Guaranty Savings Bank to deposit the funds into my account.

CHECKING SAVINGS

NEW ACCOUNT NUMBER

EFFECTIVE DATE OF CLOSEOUT REQUEST

If you have any questions about this request, please contact me at _____

SIGNATURE

CO-OWNER SIGNATURE

NAME (PLEASE PRINT)

CO-OWNER NAME (PLEASE PRINT)

ADDRESS

CITY

STATE

ZIP