Authorization
To Close My Account

Use this form to notify your financial institution of the accounts you are closing.

Fill out and sign the form, then provide it to the appropriate organization. Note that some organizations may require you to complete additional forms in order to process your request.

To: _____
Financial Institution

From: _____ _____
Account Owner #1 Account Owner #2

_____
Address #1 (Street or PO#, City, State, Zip)

_____
Address #2 (Street or PO#, City, State, Zip)

Effective at your earliest convenience, please close the following accounts with your institution:

Account # _____ Checking ☐ Savings ☐ Money Market ☐ Other ☐

Account # _____ Checking ☐ Savings ☐ Money Market ☐ Other ☐

Account # _____ Checking ☐ Savings ☐ Money Market ☐ Other ☐

Account # _____ Checking ☐ Savings ☐ Money Market ☐ Other ☐

Please send any remaining funds to:

☐ the address shown above

☐ the following address _____
Address

_____
City, State, Zip

☐ Merrimack County Savings Bank

_____ Attn: _____
Account #

Merrimack County Savings Bank
PO Box 2826
Concord, NH 03302-2826

All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

I hereby authorize the closure of my account(s) for the principal balances plus any accrued interest due.

_____
Signature Account Owner #1

_____ _____
Signature Account Owner #2 Date