

Authorization to Close Account

Current Bank Name: _____

Bank Address: _____

This form gives you authorization to close the following account number(s) and forward the balance to Winchester Savings Bank at the address provided. Please make the check payable to Winchester Savings Bank for the benefit of (Customer Name).

Customer Name: _____

Customer Address: _____

Customer Phone Number: _____

Checking Account Number: _____

Money Market Account Number: _____

Savings Account Number: _____

Other Account Number: _____

**Forward closing balance(s) to:
Winchester Savings Bank
661 Main St.
Winchester, MA 01890
Phone-781-729-2130**

Thank you for your prompt attention to this request. Please contact me at the above number if you have questions about this matter.

Signature _____ Date _____

Signature _____ Date _____