



Easy Bank Switch Account Closure Request Form

Date: _____

Please accept this notice as a request and authorization to close my account(s) as designated below

Type of Account	Account Number	Close upon receipt unless indicated to close at maturity
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name	Signature	Date
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Print Name	Signature	Date
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Mailing Instructions, Sawyer Savings Bank

Attn: _____

Bank Representative Signature **Date**

<p><u>Bank Use Only</u></p> <p>Date_____</p> <p>Done by_____</p> <p>Verified By_____</p>
