



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

Bank Use Only
Date _____
Done by _____
Verified by _____