



Savers Bank

where *every* relationship counts

Close Account

Date

Bank's name

Address

City, State, Zip

To whom it may concern

Please close my account (account number)

and send a check for the remaining balance to me at the address below.

If you have any questions about this request, please contact me during the day/evening (circle one) at (_____) _____

Thank you.
Sincerely,

Signature

Name (Please Print)*

Co-Signer Signature

Co-Signer Name (Please Print)*

Address

City, State, Zip

* Massachusetts Law requires the signature of all account owners.

Form may be printed for multiple requests.