Request to *Close Account* Form

If you need additional space to list your accounts, please feel free to make copies of this form.

You can fill out these online interactive forms and print to make the process easier.

To:

_____

_____

_____

Date:

_____

Please accept this letter as authorization to close the account(s) listed below and transfer the balance plus any accrued interest to **LowellBank** (routing number 211372064) for deposit to _____'s new account number _____.Please make the check payable to **LowellBank** for credit to the new account number.

❑ Immediately **close** and **transfer** the balances in the following account(s):

Account # _____ ◯ Checking ◯ Savings

Account # _____ ◯ Checking ◯ Savings

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact _____, and remit all correspondence to_____.

Thank you for your assistance in this matter.

Sincerely,

I hereby authorize the change to my account.

_____	_____	_____
Account Holder Signature	Date	Phone
_____	_____	_____
Account Holder Signature	Date	Phone

LowellBank

Experience Knowledge Commitment

EQUAL HOUSING LENDER Member FDIC/Member SIF