

AUTHORIZATION CLOSE TO ACCOUNTS

Complete this authorization form to close accounts in the signer's name at other institutions. It requests the funds to be transferred to your account(s) with Cape Ann Savings Bank. One form should be completed and printed for each financial institution where your current accounts are held. For your security, bring this form or mail it to your current financial institution. Do not email this form. Please remember to safely destroy your old Debit/ATM cards and any old checks.

To: (Current Financial Institution): _____

I request to close my current account number(s): _____

A check for the balance(s) sent to: Cape Ann Savings Bank
109 Main Street
Gloucester, MA 01930

Please credit my Cape Ann Savings Bank account number: _____

Thank you,

Signature: _____ Date: _____

Printed Name: _____

Joint Owner Signature: _____ Date: _____

Joint Owner Printed Name: _____

PLEASE INCLUDE THIS FORM WITH THE CHECK WHEN MAILING THE BALANCE TO CAPE ANN SAVINGS BANK.



Capeannsavings.bank

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