



Account Closing Notification

Please accept this letter as authorization to close my account(s) with your institution. Please close the account(s) listed below.

TO:

Bank Name: _____

Bank Address/City/State/Zip: _____

1. Account No.: _____ Checking Savings Money Market

Other: _____

2. Account No.: _____ Checking Savings Money Market

Other: _____

3. Account No.: _____ Checking Savings Money Market

Other: _____

4. Account No.: _____ Checking Savings Money Market

Other: _____

Please send any remaining funds in the accounts listed to Solvay Bank, 1537 Milton Ave., Solvay, NY 13209

Attn: _____

Deposit Instructions:

Deposit entire amount to Checking Account No.: _____

OR

Deposit \$ _____ to Savings Account No.: _____

AND the remainder to Checking Account No.: _____

NOTE: Please attach a voided check to this request.

FROM:

Name: _____

Address/City/State/Zip: _____

Home Phone: _____ Cell: _____

I authorize:

The listed entity to close the account(s) listed here

The transfer of my funds to my Solvay Bank checking and/or savings account(s) as indicated

Solvay Bank to credit deposit(s) to my account(s) as specified

Signature: _____ Date: _____