



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 _____

Bank City _____

Bank State, Zip _____

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Account Number _____

Checking Savings Money Market Other

Please send any remaining funds in the accounts listed to the following address:

Solvay Bank * 1537 Milton Ave. * Solvay, N.Y. 13209 Attn: _____

Deposit Instructions:

Deposit entire amount to checking account number: _____ OR

Deposit \$_____ to savings account number _____ AND

the remainder to checking account number _____.

From:

Name _____ Address _____

City, State, Zip _____ Telephone Number _____

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: _____