

ACCOUNT CLOSING REQUEST

TO: _____
(Name of Bank or Credit Union, etc.)

FROM: _____
(Primary Account Holder)

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

Please close the following accounts* with your institution:

Checking Account Number _____

Savings Account Number _____

Money Market Account Number _____

Other Account Number _____

Please send any funds remaining in these accounts to:

Address shown above **OR:**

WALDEN SAVINGS BANK _____

BRANCH LOCATION

Primary Holder Signature: _____

Date: _____

Secondary Holder Signature: _____

Date: _____

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