



Request to Close Account

Please complete and sign this form to let your existing financial institution know you wish to close your account.

To: _____ (Name of existing financial institution)

From: _____

Please close the account(s) noted below and mail the balance and any accrued interest, to:

Me, at the above address

Bank of New Hampshire
 62 Pleasant Street
 Laconia, New Hampshire 03246-3422

Bank of New Hampshire account number to be credited: _____

(Please reference Bank of New Hampshire account number on the check).

Type of Account Account Number	Authorization
Checking Account Account Number	I hereby authorize the closure of my account. Signature: _____ Date: _____ Joint Owner: _____ Date: _____

Type of Account Account Number	Authorization
Savings/Money Market Account Account Number	I hereby authorize the closure of my account. Signature: _____ Date: _____ Joint Owner: _____ Date: _____

Fill out as many forms as needed.

