



Account Closing Form

Please complete this form to close out your account at your current bank. Please complete a form for each account you wish to close. Please make sure that all checks have cleared prior to closing your account. Mail the completed form(s) to your current bank.

Please close my checking account effective immediately

Financial Institution _____

Financial Institution Address _____

Account Number _____ **Account Title** _____

By signing below, I authorize you to close my account and remit the balance of the account to:

**Marblehead Bank
P.O. Box 27
Marblehead, MA 01945**

Attn: Customer Care

Please cancel any ATM or Debit cards associated with this account as well.

Signature(s) _____

Phone Number _____

Date _____