

# 3 STEPS TO SWITCH

## Account Closure Authorization

### Notification of Account Closure Authorization Change

To Whom It May Concern:

Financial Institution:

Address:

City, State, Zip:

Please close the following account(s):

Account #:

☐

Checking

☐

Savings

Please close any debit cards, online banking, bill pay or other applications associated with these accounts.

Account #:

☐

Checking

☐

Savings

Account #:

☐

Checking

☐

Savings

Account #:

☐

Checking

☐

Savings

Please send the remaining balance to:

*Place an X next to your desired option.*

☐

Please deposit directly to my new account at Monson Savings Bank.

Account #

Routing # **211871219**

☐

Please forward me a check payable to my name to my address listed below.

**MONSON SAVINGS BANK, 146 MAIN STREET, MONSON MA, 01057**

Primary Signature:  Date:

Joint Signature:  Date:

Name:

Address:

City, State, Zip:

Phone Number:

You can authorize your remaining balance to be automatically deposited into your new Monson Savings account(s) or paid by a check payable to your name.

Bring this completed form to close your account(s) at your former financial institution. Be sure to verify any outstanding items have cleared your old account and that your direct deposits have been posted to your new MSB account.

### Congratulations!

You had to sign your name a few times...but submitting these forms completes your switch to a truly better banking experience. We can't wait to show you the difference a local partner makes.

Welcome to Monson Savings Bank!

Former Financial Institution: If you have any questions, please do not hesitate to contact me. If what has been provided is not sufficient to close my accounts, please call me and/or send me the needed documents.



**Monson Savings**  
**Your Bank Forever**