

Account Closure

The Franklin Solution

To: _____
FINANCIAL INSTITUTION & BRANCH _____

Regarding: _____
ACCOUNT NUMBERS & TYPE _____

To Whom it May Concern:

Please close the above listed account(s)
 immediately on this date __-__-__
and transfer the funds in the form of a
bank check made payable to me in care of:

Franklin Savings Bank
PO Box 825
Farmington ME 04938-0825
Attn: _____

Thank you for your assistance.

Date: _____ Birthday: _____
Name: _____
Address: _____
Social Security Number: _____ - _____ - _____

SIGNATURES OF ALL ACCOUNT HOLDERS _____

NOTARY STATEMENT _____

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Automatic Transaction CHANGE REQUEST

The Franklin Solution

To: _____
ENTITY ORIGINATING _____
CREDIT or DEBIT _____

Regarding: _____
ACCOUNT NUMBERS & TYPES OF ACCOUNTS TO BE CHANGED _____

To Whom it May Concern:

Please discontinue the automated transaction(s), date(s), amount(s) that is/are crediting or debiting my account, _____ at _____
ACCOUNT NUMBER PRESENT FINANCIAL INSTITUTION

effective immediately. Future transactions should be directed to my new account listed below:

Account Number: _____
Routing Number: 211274492
Franklin Savings Bank
PO Box 825, Farmington ME 04938
Attn: _____

Thank you for your assistance.

Date: _____ Birthday: _____

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

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