



## Request to Close Account

Please complete this form to let your existing financial institution know you wish to close your account(s).

To:  
 From:  
 Your Address:

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 and Account Number	Authorization
<input type="checkbox"/> Checking Account  Account Number:	I hereby authorize the closure of my account.  Signature: _____ Date:  Joint Owner: _____ Date:

Type of Account and Account Number	Authorization
<input type="checkbox"/> 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.