



Easy Switch Account Close out Form

Bank account Info:

I hereby authorize my account at your institution to be closed out and proceeds to be mailed to Bristol County Savings Bank.

Financial Institution:

Financial Institution to receive this form: _____

Financial Institution address: _____
_____, _____, _____

Account Number to be closed out: _____ Immediately _____ At Maturity(date) _____

Financial Institution, Please make check payable to:

Bristol County Savings Bank FBO _____
(Customer)

Forward check for proceeds to:

Bristol County Savings Bank

Attn: _____ Phone: _____

Address: _____, _____, _____

Customer:

Name: _____

Address: _____, _____, _____

Upon receipt, deposit funds to BCSB account #: _____

Signature: _____ Date: _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared

_____ (name of document signer), proved to me through satisfactory evidence of identification, which were

_____, to be the person whose name is signed on the preceding or attached document in my presence.

_____ (official signature and seal of Notary)