

Authorization to Close Account

This serves as authorization to close the account(s) detailed below and transfer the balance and all accrued interest to Kennebunk Savings Bank.

Former Bank Information

Former Bank _____

Address _____

City _____

State _____

Zip _____

Account Holder Information

Company Name _____

TAX ID/EIN _____

Authorized signers

1. _____ 2. _____ 3. _____

Please immediately close and transfer the balances of the following account(s)

Account Number _____ Checking Savings Money Market

Account Number _____ Checking Savings Money Market

Account Number _____ Checking Savings Money Market

Please transfer balances by check payable to: Account Holder, c/o Kennebunk Savings Bank.
Reference the new account number below on the check's memo line. Check should be mailed to
Kennebunk Savings Bank, P.O. Box 28, Kennebunk, ME 04043 or a local branch: _____

Kennebunk Savings Bank Account Information

Kennebunk Savings Routing Number: **211274502**

Bank Account Number _____

Authorization

Authorized Signer _____ Date _____

Authorized Signer _____ Date _____

Please acknowledge your receipt of this notice by sending confirmation of this closeout to the Account Holder:
Please notify ACCOUNT HOLDER immediately if this form is not sufficient to close the account.



Kennebunk Savings

800-339-6573 • www.kennebunksavings.com

MEMBER FDIC  EQUAL HOUSING LENDER