



Watertown Savings Bank

ACCOUNT CLOSING FORM

Use this form to close your accounts at another financial institution and request a Cashier's Check for the remaining balance. **PLEASE NOTE:** If there are multiple accounts involved, please complete a form for each account. Verify that all checks and payments have cleared prior to submitting this form to close your account.

Date: _____

Please accept this as my authorization to close my account with your institution.

Account Title: _____

Account Holder Mailing Address: _____

City: _____ State: _____ Zip: _____ to Watertown Savings Bank.

- CHECKING SAVINGS
- MONEY MARKET CERTIFICATE OF DEPOSIT

Account Number: _____

Please issue a Cashier's Check in the amount of my account balance, if applicable, plus any accrued interest on the account. The check may be sent to my attention at the address above.

If you should have any questions regarding this transaction, please feel free to contact me at: _____

Sincerely,

Customer Signature