



Account Closing Letter

Complete this form to close your existing account at another financial institution and transfer the balance to your Northway Bank account!

Name of primary account holder

Phone number

Street

City

State

ZIP

Name of secondary account holder

Phone number

Street

City

State

ZIP

I hereby authorize the closing of account number _____.

All checks have cleared the account and all direct deposits and automatic payments have been stopped.

Please send the remaining balance to the new account indicated below.

Type of account (*please circle one*): Checking Savings Money Market

Account Number: _____ ABA Routing Number: 011700425

I hereby authorize the changes indicated above.

Account holder's signature (primary)

Account holder's signature (secondary)

Date

Date