# Community Guaranty Savings Bank

Post Office Box 996
28 South Main Street
Plymouth, New Hampshire 03264

Post Office Box 690
Tower Road
Campton, New Hampshire 03223

**Authorization to Close Account**

_____
Date

_____
Financial Institution Name

_____
Primary Account Holder Secondary Account Holder

_____
Address City State Zip

Please close the following account(s) with your institution:

Account#_____ Checking Savings Money Market Other_____

Account#_____ Checking Savings Money Market Other_____

Account#_____ Checking Savings Money Market Other_____

Account#_____ Checking Savings Money Market Other_____

Effective Date of Closing Request_____

Please send any funds remaining in these accounts to:

____ **The Name and Address shown above** **or** _____ **Community Guaranty Savings Bank P.O. Box 996 28 South Main Street Plymouth, NH 03264**

_____
Primary Account Holder Signature

_____
Secondary Account Holder Signature

_____
Date