

FINANCIAL INSTITUTION TRANSFER REQUEST

To: _____
(Name of Financial Institution)

From: Primary Account Holder: _____

Social Security Number: _____

Secondary Account Holder: _____

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

Account Type	Account Number	Send Payment At Once	Defer Payment Until Close of Interest Period

Note: If closing a passbook account, the passbook must be included with this letter.

Pay to the order of: **The Pittsfield Cooperative Bank** (Routing Number: 211870142)
Together with all interest and dividends that have become due on the above listed
accounts For credit to **Customer Account #:** _____

I have notified all parties authorized to draw against the above listed accounts to stop
doing so and will be responsible for any overdraft charges caused by authorized drawers.

Primary Account Holders Signature: _____

Secondary Account Holders Signature: _____

Date: _____