



EASY BANK SWITCH

ACCOUNT CLOSURE REQUEST FORM

I (We) _____ ar e requesting and authorizing you to close my(our) account as designated below.

| TYPE OF ACCOUNT | ACCOUNT NUMBER | Close upon receipt unless indicated to close at maturity |
|-----------------|----------------|--|
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

[Customer Signature]

Date

[Customer Signature . joint signer]

Date

[Signature Guarantee]

Mailing Instructions:
Sawyer Savings Bank

Attn: _____

[Bank Representative Signature]



EASY BANK SWITCH

Automatic Payment Deduction Form

Date: _____

Please note that I am closing the existing account number _____ from which you are authorized to receive automatic payments. This notice authorizes you to establish payment deduction to my new Sawyer Savings account as of _____.

New Account Information:

Sawyer Savings Account Number: _____

(check one) Checking Savings

Sawyer Savings Routing Number: _____
(Attach Voided Check)

X _____
Customer Signature

Date

Printed Name

Social Security or Tax Payer ID Number

X _____
Customer Signature (joint signer)

Date

Printed Name

Social Security or Tax Payer ID Number