Account Closure Account Closure The Franklin Solution

The Franklin Solution

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To:	To:	To:	
FINANCIAL INSTITUTION & BRANCH	FINANCIAL INSTITUTION & BRANCH	Financial Institution & Branch	
Regarding:	Regarding:	Regarding:	
ACCOUNT NUMBERS & TYPE	ACCOUNT NUMBERS & TYPE	ACCOUNT NUMBERS & TYPE	
To Whom it May Concern:	To Whom it May Concern:	To Whom it May Concern:	
Please close the above listed account(s) ☐ immediately ☐ on this date and transfer the funds in the form of a bank check made payable to me in care of:	Please close the above listed account(s) ☐ immediately ☐ on this date and transfer the funds in the form of a bank check made payable to me in care of:	Please close the above listed account(s) immediately on this date and transfer the funds in the form of a bank check made payable to me in care of Franklin Savings Bank PO Box 825 Farmington ME 04938-0825 Attn:	
Franklin Savings Bank PO Box 825 Farmington ME 04938-0825 Attn:	Franklin Savings Bank PO Box 825 Farmington ME 04938-0825 Attn:		
Thank you for your assistance.	Thank you for your assistance.	Thank you for your assistance.	
Date: Birthday: Name: Address:	Date: Birthday: Name: Address:	Date: Birthday: Name: Address:	
Social Security Number:	Social Security Number:	Social Security Number:	
SIGNATURES OF ALL ACCOUNT HOLDERS	SIGNATURES OF ALL ACCOUNT HOLDERS	SIGNATURES OF ALL ACCOUNT HOLDERS	
NOTARY STATEMENT	NOTARY STATEMENT	NOTARY STATEMENT	

Automatic Transaction CHANGE REQUEST

The Franklin Solution To:	CHANGE REQUEST The Franklin Solution To:	CHANGE REQUEST The Franklin Solution To:	
ENTITY DRIGINATING CREDIT OF DEBIT	ENTITY ORIGINATING CREDIT or DEBIT	ENTITY ORIGINATING CREDIT or DEBIT	
Regarding: ACCOUNT NUMBERS RETYPES OF ACCOUNTS	Regarding: ACCOUNT NUMBERS & TYPES OF ACCOUNTS	Regarding: ACCOUNT NUMBERS & TYPES OF ACCOUNTS	
To Whom it May Concern:	To Whom it May Concern:	To Whom it May Concern:	
Please discontinue the automated transaction(s), date(s), amount(s) that is/are crediting or debiting my account, atat	Please discontinue the automated transaction(s), date(s), amount(s) that is/ are crediting or debiting my account, at	Please discontinue the automated transaction(s), date(s), amount(s) that is/are □ crediting or □ debiting my account,at	
effective immediately. Future transactions should be directed to my new account isted below:	effective immediately. Future transactions should be directed to my new account listed below:		
Account Number: Routing Number: 211274492 Franklin Savings Bank PO Box 825, Farmington ME 04938 Attn:	Account Number: Routing Number: 211274492 Franklin Savings Bank PO Box 825, Farmington ME 04938 Attn:		
Thank you for your assistance.	Thank you for your assistance.	Thank you for your assistance.	
Date: Birthday: Name:	Date: Birthday: Name:	Date: Birthday: Name:	
Address:	Address:	Address:	
Social Security Number:	Social Security Number:	Social Security Number:	
GIGNATURES OF ALL ACCOUNT HOLDERS	SIGNATURES OF ALL ACCOUNT HOLDERS	SIGNATURES OF ALL ACCOUNT HOLDERS	
NOTARY	NOTARY STATEMENT	NOTARY STATEMENT	

Automatic Transaction

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