CAMBRIDGE TRUST
PRIVATE BANKING WEALTH MANAGEMENT

Request To Close Account Notice

Use this form to notify your financial institution of the accounts you are closing.

Please complete and sign this form, then send it to your former financial institution.

**Type your information in the highlighted fields, print form and sign at the bottom.

To: _____
Financial Institution

From: _____ _____
Account Holder #1 Account Holder #2

Address: _____
Address1
_____
Address2
_____
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 _____

Please send any funds remaining in these accounts to:

☐ the address shown above

☐ the following address:

_____
Address1
_____
Address2
_____
City State Zip

☐ Cambridge Trust Company

_____
Account Number

_____
Attn:
_____
Address
_____
City State Zip

All transactions have cleared the account(s) and all direct deposits and/or automatic payments have been stopped.

I hereby authorize the closure of my account(s) for the principal balance plus any accrued interest due.

_____ _____
Signature (Account Holder #1) Date

_____
Signature (Account Holder #2)