

Send this request to your former bank(s). Please keep sufficient funds in the account until all outstanding checks clear and automatic withdrawals transfer to the new account.

Date _____

Customer Name _____

Address _____

City _____ State _____ Zip _____

Please close the following account(s) I currently own:**CHECKING ACCOUNT**

1. _____ (account number) 2. _____ (account number)

SAVINGS ACCOUNT

1. _____ (account number) 2. _____ (account number)

MONEY MARKET

1. _____ (account number) 2. _____ (account number)

CERTIFICATE OF DEPOSIT

1. _____ (account number) 2. _____ (account number)

Please send a check for the remaining balance payable to First County Bank for the benefit of

_____ (your name)

and _____ (authorized signer's name)

and _____ (authorized signer's name)

Please mail check(s) to: First County Bank

CustomerFirst Contact Center

117 Prospect Street

Stamford, CT 06901

Attn: _____
(Your Banker's Name- if applicable)

Funds to be deposited into account number: _____

If you have any questions about this request, please contact me during the

DAY/EVENING (circle one) at () _____
(phone number)

Email _____

Thank you,

Signatures : _____
(account owner/authorized signer) _____
(account owner/authorized signer)