

ABINGTON BANK

since 1867

AUTHORIZATION TO CLOSE ACCOUNT

To: _____

Date: _____

Please accept this letter as authorization to close the account(s) listed below and transfer the balance plus any accrued interest to **ABINGTON BANK (routing number 231971568)** for deposit to _____'s new account number _____.

Or, please provide a check payable to **ABINGTON BANK**, 180 Old York Road, Jenkintown, PA 19046 for credit to the new account number.

The account(s) to be closed are:

Account # _____	Checking	Savings	Money Market	Certificate of Deposit
Account # _____	Checking	Savings	Money Market	Certificate of Deposit
Account # _____	Checking	Savings	Money Market	Certificate of Deposit

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact _____, and remit all correspondence to _____.

Sincerely,

I hereby authorize the closing of these account(s) and transfer of funds

Account Holder Signature Date Phone E-mail

Account Holder Signature Date Phone E-mail