

Date			
I, Adams Community Bank.	request that the followi	ng account(s) be clos	ed and the proceeds sent to
Account number(s)	Account type:	Matures on: (If Certificate)	Send: Now / Maturity
	_		
	_		
Attn:Adams Community Bank			
Adams Community Bank			
Sincerely,			
Customer's Signature			
Print Customer's Name			
Commonwealth of Massachuset County of Berkshire	SS:		
On this day day of	,	, before me,	
Day the undersigned Notary Public,	Month Year personally appeared	ar	Name of Notary
Proved to me through satisfacto	ry evidence of identity w	hich was/were:	
To be the person(s) whose name affirmed to me that the contents knowledge and belief.	s was/were signed on t	his document in my լ	presence and who swore or
Signature of Notary Public	My Commission Expires:		
Printed Name of Notary			