

ONLINE BANKING CANCELLATION FORM

Name _____ Social Security # _____

Address _____

City _____ State _____ ZIP Code _____

Account Number _____

I authorize Central Bank to cancel my Online Banking Service, including Online Statements and Online Bill Pay (if applicable). This request does not authorize Central Bank to close my account(s), but only to cancel the Online Banking Service.

Once Central Bank receives your completed cancellation form, it will take 1 – 3 business days to process your request.

Signature _____ Date _____

To cancel your Online Banking Service, please complete all requested information above and print this form.

Please sign, date and return the form to your local branch, or you may mail the completed form to:

CENTRAL BANK
ONLINE BANKING CENTER
399 HIGHLAND AVENUE
SOMERVILLE MA 02144-2516

Please contact the Online Banking Center at 617-629-4351 or 617-629-4383 if you are unable to print this form, or if you need further assistance.

