

ACCOUNT CLOSING FORM

- Fill out this form and send to the credit union / bank that you are closing your account with.
- Ensure that all checks, transactions and automatic withdrawals have been cleared from this account.

To Whom It May Concern:

Please close the following credit union / bank account(s):

Name on Account

_____ Checking Savings

Account Number

Name on Account

_____ Checking Savings

Account Number

Please send all remaining balances to me at the following address:

Address

City

State

Zip Code

For any questions about this change request, please contact me at: _____

Thank You,

Signature

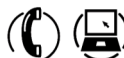
Date

Printed Name



Federally Insured by NCUA

1-800-CR-UNION



www.connexcu.org

