



To Whom It May Concern:

Please close the following credit union account(s):

_____	_____	<input type="checkbox"/> Checking
Name on Account	Account Number	<input type="checkbox"/> Savings
_____	_____	<input type="checkbox"/> Checking
Name on Account	Account Number	<input type="checkbox"/> Savings

All remaining balances should be sent to me at the following address:

Address

_____	_____	_____
City	State	Zip Code

Reason for closing account: _____

If you have questions about this request, please contact me at: _____

Any additional notes or requests: _____

Thank you.

Sincerely,

_____	_____
Signature	Date

Printed Name