

## Close Existing Account

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Existing Financial Institution's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To Whom It May Concern:

Please close my account \_\_\_\_\_, and send a check, including all  
dividends accrued, for the remaining balance to me at the address listed below.  
ACCOUNT NUMBER

If you have any questions about this request, please contact me at one of the following numbers:

Daytime ( \_\_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_\_ ) \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

Joint Account Owner Name (Please Print) \_\_\_\_\_

Joint Account Owner Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



*This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.*



COOPERATIVE FEDERAL CREDIT UNION

*Your Co-op, Your Credit Union*

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800.849.5600