

Account Closing Notice

INSTRUCTIONS: COMPLETE THIS FORM AND SEND TO YOUR CURRENT FINANCIAL INSTITUTION TO CLOSE YOUR ACCOUNT.

To: _____
Bank/Credit Union Name

Address: _____
Bank/Credit Union Address

City: _____ State: _____ Zip: _____

From: _____
Primary Account Holder

Secondary Account Holder(s)

Address: _____
Primary Account Mailing Address

City: _____ State: _____ Zip: _____

RE: ACCOUNT CLOSING NOTIFICATION

To Whom It May Concern:

Please close the following account(s) with your institution:

Account # _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other: _____
Account # _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other: _____
Account # _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other: _____
Account # _____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other: _____

Please send any remaining funds in these accounts to:

The primary account holder address listed above

My Account Number _____ Checking Savings at: Commonwealth Credit Union
563 Wm. Latham
Bourbonnais, IL 60914

If you have any questions regarding this request, please call me at _____
Thank you for your help with this matter. Phone Number

Sincerely,

Primary Account Holder Signature Date: _____

Secondary Account Holder(s) Signature(s) Date: _____