

# Account Closing Request Form



To: \_\_\_\_\_  
(Financial Institution's Name)

From: \_\_\_\_\_ (Primary account holder) \_\_\_\_\_ (Joint account holder)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## Please close the following accounts:

- Account # \_\_\_\_\_ Checking Savings Money Market Other
- Account # \_\_\_\_\_ Checking Savings Money Market Other
- Account # \_\_\_\_\_ Checking Savings Money Market Other
- Account # \_\_\_\_\_ Checking Savings Money Market Other

Effective date: \_\_\_\_\_

## Please send/transfer any remaining funds in these accounts to:

- The address shown above
- Via Credit Union**  
4505 South Adams Street  
Marion, IN 46953  
Account # \_\_\_\_\_  
Routing # **274975152**

I have verified that all outstanding checks and automatic debits have cleared this account prior to requesting that it be closed.

\_\_\_\_\_  
Primary Account Holder Signature Date

\_\_\_\_\_  
Secondary Account Holder Signature Date