



Request to Close Account

Easy Change Form

Financial Institution: _____

Address: _____

Re: Account Closure

Attention: Member Service/Account Closing Department

This letter is to request to have my accounts closed at your institution. Please close the following account(s) listed below and send a check for the remaining balance(s) to my address.

If you have any questions regarding this request, please contact me by mail or call me at the number listed below. Thank you in advance for your prompt attention to this matter.

Sincerely,

Authorized Signature

Date

Account Information

Name: _____ Phone: _____

Address: _____

Savings Account Number: _____

Checking Account Number: _____