



## Request to Close Account(s)

---

Date:

**TO:** (Financial Institution Information)

Financial Institution Name

---

Address

---

City

State

Zip

**FROM:** (Member Information)

Member Name

---

Address

---

City

State

Zip

**I request that you close the following account(s) I have at your financial institution:**

Account Number

Type of Account

Account Number

Type of Account

Account Number

Type of Account

**Please send the remaining balance to:**

DuPont Fibers Federal Credit Union  
P.O. Box 72, Chesterfield, VA 23832-0001

My home address

Address

---

City

State

Zip

Allow me to thank you in advance.

Primary/Joint Owner's Signature

Date