

## ACCOUNT CLOSURE FORM

TO: FINANCIAL INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**RE:** Closing Account

**ATTN:** Customer Service

I have changed financial institutions and would like to close the following account:

CHECKING ACCOUNT  SAVINGS ACCOUNT  OTHER ACCOUNT

ACCOUNT #: \_\_\_\_\_

NAME(S) ON THE ACCOUNT: \_\_\_\_\_

PRIMARY ACCOUNT SIGNATURE: \_\_\_\_\_

JOINT ACCOUNT SIGNATURE: \_\_\_\_\_

All transactions on the account(s) have been completed and all automatic payments have been stopped. Please accept this letter as authorization to close my account(s) and transfer funds from the account(s) to:

Capital Credit Union / PO Box 2096 / Bismarck, ND 58502-2096

Please make a check payable to Capital Credit Union and reference my name and Capital Credit Union account #: \_\_\_\_\_. If you have any questions regarding this request, please contact me by phone or mail. Thank you for your prompt assistance.

Sincerely,

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_