

Close Account

DATE

FINANCIAL INSTITUTION

MAILING ADDRESS

CITY, STATE, ZIP

To Whom It May Concern:

Please close my account - number _____, and send this form and a check for the remaining balance * made payable to me to the address below. If you have any questions about this request, please contact me at one of the following numbers:

Daytime: _____ or Evening: _____

Sincerely,

Account Owner Signature **

Joint Account Owner Signature

Account Owner Name (Please Print)

Joint Owner Name (Please Print)

*remaining balance will be deposited in your WKFCU savings account

**by signing, you are authorizing Willis Knighton Federal Credit Union to deposit remaining balance in your WKFCU savings account.

Mail Check(s) to: Willis Knighton Federal Credit Union

Attn: Member Services

P.O. Box 17585

Shreveport, LA 71138