

# Account Closing Notice

INSTRUCTIONS: COMPLETE THIS FORM AND SEND TO YOUR CURRENT FINANCIAL INSTITUTION TO CLOSE YOUR ACCOUNT.

To: \_\_\_\_\_  
Bank/Credit Union Name

Address: \_\_\_\_\_  
Bank/Credit Union Address

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

From: \_\_\_\_\_  
Primary Account Holder

\_\_\_\_\_  
Secondary Account Holder(s)

Address: \_\_\_\_\_  
Primary Account Mailing Address

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

## RE: ACCOUNT CLOSING NOTIFICATION

To Whom it May Concern:

Please close the following account(s) with your institution:

Account # \_\_\_\_\_  Checking  Savings  Other: \_\_\_\_\_

Account # \_\_\_\_\_  Checking  Savings  Other: \_\_\_\_\_

Account # \_\_\_\_\_  Checking  Savings  Other: \_\_\_\_\_

Account # \_\_\_\_\_  Checking  Savings  Other: \_\_\_\_\_

Please send any remaining funds in these account to:

The Primary account holder listed above

My account number \_\_\_\_\_  Checking  Savings at:

CommonWealth Credit Union  
563 Wm. Latham Dr.  
Bourbonnais, IL 60914

If you have any questions regarding this request, please call me at \_\_\_\_\_

Thank you for your help with this matter.

Sincerely,

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

\_\_\_\_\_  
Secondary Account Holder(s) Signature(s) Date: \_\_\_\_\_