Close Account Request Form Step 4

To whom it may concern:

Effective immediately, I hereby request that you close my account with your institution.

I have verified that all checks and debits have cleared my account. I have also made arrangements to switch any automatic withdrawals, and/or automatic deposits that were associated with this account.

Bank Name: _____
Primary Name on Account: _____
Secondary Name on Account: _____
Account Number: _____

Please send any remaining funds in the account to my attention at:
Name: _____
Address: _____
City, State, Zip: _____
Daytime Telephone Number: _____

If you have any questions, please contact me at the telephone number above.

Sincerely,

_____
Signature-Primary Name Date

_____
Signature- Secondary Name Date

Catholic Federal
A Federally Chartered Credit Union