

Account Closure Request Form

Bank/Other Financial Institution Name _____

Address _____

City/State/Zip _____ Date _____

To Whom It May Concern:

I am transferring my account(s) to Catholic Federal Credit Union. Please consider this as an official notice to close my account with you. I understand that I will need to make certain all my checks and automatic debits have cleared before completely closing my account(s). I have already made arrangements to switch any automatic debits and automatic deposits that I have.

Please let me know if there is anything else I need to provide in order for you to close my account(s). My account number(s) and contact information are listed below:

Name _____

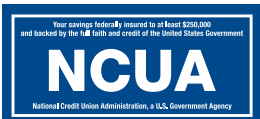
Address _____

Telephone _____

Account(s) _____

Please send a check to me at the address above.

Signature _____ Date _____



Federally insured by NCUA.