

ACCOUNT CLOSING REQUEST

TO: _____ (Bank you are closing account with)

FROM: _____ (Primary Account Holder)

_____ (Secondary Account Holder)

Address: _____ (Street)

_____ (City)

_____ (State, Zip)

PLEASE CLOSE THE FOLLOWING ACCOUNTS WITH YOUR INSTITUTION

Account

Checking _____ Savings _____ Money _____ Other _____
Market

Account

Checking _____ Savings _____ Money _____ Other _____
Market

Account

Checking _____ Savings _____ Money _____ Other _____
Market

Account

Checking _____ Savings _____ Money _____ Other _____
Market

Please send any funds remaining in these accounts to:

_____ The address
Shown above

_____ The following address:
_____ (Street)
_____ (City)
_____ (State/Zip)

_____ To my account at:
New Century Federal CU
971 Collins Street
Joliet IL 60432
Account #: _____
____ Checking ____ Savings

Primary Account Holder Signature: _____ Date _____

Secondary Account Holder Signature _____ **Date** _____