

Checking Closure Letter

(Request to close account with previous financial institution)

To: _____

Address: _____

To Whom It May Concern,

I hereby authorize the closure of my Checking Account with the financial institution listed above. My information on that account is as follows:

Name on Account: _____
Primary (Please Print) Joint (Please Print)

Account Number: _____

Please transfer any remaining balance via check disbursement to:

First Service Federal Credit Union
100 Main Street
Groveport, OH 43125

Please contact me at (____) _____ or First Service Federal Credit Union at 614-836-0100 with any questions.

Thank you,

Account Owner's Signature

Joint Owner's Signature

Date: _____

Date: _____