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# 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 accounts to:

The primary account holder address listed above

My Account Number \_\_\_\_\_  Checking  Savings at: NorthStar Credit Union  
3 S. 555 Winfield Rd.  
Warrenville, IL 60555

If you have any questions regarding this request, please call me at \_\_\_\_\_  
Thank you for your help with this matter. *Phone Number*

Sincerely,

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

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

