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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: _____