

Account Closing Request

To: _____

From: _____

Address: _____

Please close the following accounts with your institution:

Acct #: _____ Checking Savings Money Market Other: _____

Acct #: _____ Checking Savings Money Market Other: _____

Acct #: _____ Checking Savings Money Market Other: _____

Acct #: _____ Checking Savings Money Market Other: _____

Please send any funds remaining in these accounts to:

The address shown above

The following address: _____

To my account at Central Minnesota Credit Union:

Branch Address: _____

Account Number: _____ Checking Savings

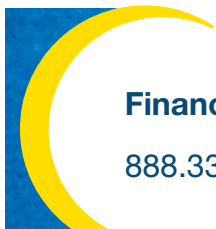
Sincerely,

Signature: _____

Date: _____

Joint Signature: _____

Date: _____



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