

Account Closing Request

Present this form to the financial institution with whom you will be closing your account. Be sure to leave sufficient funds in your current account long enough for final automatic payments, outstanding checks, and debit transactions to clear. After these items have all cleared, this form may be submitted to close the account.

I request to close the following account:

Company, Payee, Merchant, or Financial Institution Name

I am requesting the closure of my account _____ . Please forward the remaining funds
Account Number
to my MEMBERS1st Community Credit Union account at the address listed below:

MEMBERS1st Community Credit Union
P.O. Box #777
Marshalltown, Iowa 50158

I request to move funds to the following account:

MEMBERS1st Community Credit Union

Financial Institution's Name

Financial Institution Address

273975331

ABA/Routing Number

Account Number

Account Type Checking Savings

Name (Printed)

Joint Account Owner's Name (Printed)

Address

City/State/Zip

Telephone #

Date

Signature

Joint Account Owner's Signature