



Valley COMMUNITIES

CREDIT UNION
.....Where Membership Matters

Request to Close Account Notice

Use this form to notify your former financial institution that you are closing your account(s). Please be sure that all outstanding checks have cleared and all direct deposits and/or automatic payments have been stopped before closing the account.

Financial Institution Name: _____

Financial Institution Address: _____

To Whom It May Concern:

Please close the account(s) noted below.

Effective:

Immediately

On (date) _____

Account Number: _____

Checking

Savings

Account Number: _____

Checking

Savings

Account Number: _____

Checking

Savings

Account Number: _____

Checking

Savings

Please forward all remaining balances to me at the following address:

Valley Communities Credit Union

FBO: _____

Checking

Savings

2940 Church Street

Stevens Point, WI 54481

If you have any questions about this request, please contact me at:

Phone (daytime): _____

Signature: _____ Date: _____