

CLOSE ACCOUNT FORM

Please close my account:

Date: _____
Month, Day, Year

To: _____
Bank Name

_____ *Address*

_____ *City/State/Zip*

To Whom It May Concern:
Please close my checking account # _____
Account #

Please send a check for the remaining balance made payable to me at the address listed below. All of my/our outstanding checks and automatic withdrawals have paid from this account.

Please deposit into the following Premier FCU account:
 Premier Savings Account Premier Checking Account

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

_____ day/evening (circle one)
Phone Number

Sincerely,

Signature

Your Name (Please print)

Co-Signer Signature (if applicable)

Co-Signer Name (Please print)

Please Mail check(s) to:
Premier Federal Credit Union
Attn: Member Services
1400 Yanceyville Street
Greensboro, NC 27405

Make additional copies as needed.