

ACCOUNT CLOSING REQUEST

TO:

_____ (Financial Institution)

FROM:

_____ (Primary Account holder)

_____ (Joint Account holder, if any)

_____ (Address)

_____ (City, State, Zip)

Please close the following account(s) with your institution:

Account # _____

Account # _____

Account # _____

Account # _____

Account # _____ Other _____

Account # _____ Other _____

Account # _____ Other _____

Please send the remaining balance in these accounts along with a copy of this letter to:

My new Financial Institution:
San Francisco Federal Credit Union
770 Golden Gate Avenue
San Francisco, CA 94102

Primary account holder signature: _____

Joint account holder signature: _____

Date: _____