

Account Close Letter

Date _____

Financial Institution _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

To whom it may concern:

Please accept this notice to close the following account(s) with your institution effective immediately or as of _____
(date)

Account Number(s): _____

and, on my behalf, send a check for the balance to my new account at:

Alliant Credit Union
P.O. Box 60050
City of Industry, CA 91716-0050

My savings account number at Alliant Credit Union is _____ and the Routing & Transit/ABA#
is 271081528. (10-digit)

I have also made arrangements, if applicable, to discontinue my Direct Deposit to my account and automatic withdrawals from my account(s) with your institution. I understand that it is my responsibility to make sure all checks, automatic debits and other transactions have cleared before completely closing my account(s).

If you have any questions regarding this request to close my account(s), please contact me at _____.

Thank you for your prompt attention to this matter.

Sincerely,

Signature _____

Name _____

Address _____

City _____ State _____ Zip _____

Co-applicant #1 Name _____

Co-applicant #1 Signature _____

Co-applicant #2 Name _____

Co-applicant #2 Signature _____