

# Close Account Request Form



Financial Institutions Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To Whom It May Concern:

Please accept this letter as authorization to close account number \_\_\_\_\_ at your institution and send a check for the remaining balance to me at my address below.

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

If you have any questions, please contact me at (\_\_\_\_\_)\_\_\_\_\_.

Thank you,

Owner's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



[www.cbccu.org](http://www.cbccu.org)

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