



# Account Closing Request

To:

From:

Address:

Please close the following accounts with your institution:

Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other

Please send any funds remaining in these accounts to:

The address shown above. The following address:

To my account at:  
**MY CREDIT UNION**  
9550 Lyndale Ave. S  
Bloomington, MN 55420  
Routing / Transit Number: #2910-7545-9

Account Number:

Share Type:

Primary Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_