

Close Account

Instructions: Print and complete this form to close accounts at other financial institutions and have the balance in your account transferred to your Educational Employees Credit Union account. Make copies of this form and send one form to each financial institution where you have an account.

Date: _____

To: _____
(Financial Institution Name)

(Address)

(City, State, Zip)

To Whom It May Concern:

Please close my account(s) at your institution:

Account Numbers: _____

Send a check for the remaining balance to my account at:

Educational Employees Credit Union
P.O. Box 5242, Fresno, CA 93755

Routing Number: 321172594

Account Number: _____ Savings Checking (check one)

My contact information is below should you require additional information or if you have any questions. Thank you.

Account Holder Signature, Address, and Contact Information:

Account Holder 1 Signature _____ Date _____

Account Holder 1 Name (print) _____

Account Holder 2 Signature _____ Date _____

Account Holder 2 Name (print) _____

Address _____ City, State, Zip _____

Phone Number _____



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