MEMBERS 1st
FEDERAL CREDIT UNION

Close Checking Account Form

To make your switching experience easier, please send this form to your current financial institution to close your account. Please make any copies as needed.

Current Financial Institution Name _____

Address _____

City, State, Zip _____

To Whom It May Concern:
This is a request to close my accounts with your financial institution. I would like to close the following account(s):

Account Number _____

Account Number _____

Account Number _____

Please send a check for the remaining balance to:

❑ Name _____

Address _____

City, State, Zip _____

❑ Members 1st Federal Credit Union
P.O. Box 8893
Camp Hill, PA 17001

If you have any questions, please contact me at ( )_____–_____(phone number).

Thank you.

Sincerely,

Signature Date Co-Signer Signature Date

Name (please print) Name (please print)

Address

City, State, Zip