NorthStar CREDIT UNION

Smart • Simple • Solutions

MAIN OFFICE
3 S. 555 Winfield Road
Warrenville, IL 60555
(630) 393-7201

ACCOUNT CLOSING NOTICE

Complete this form and send it to your current financial institution to close your account(s).

To: _____
Existing Bank/Credit Union Name

Address: _____
Existing Bank/Credit Union Address

City: _____ State: _____ Zip: _____

From: _____
Account Holder Name(s)

Address: _____
Primary Account Mailing Address

City: _____ State: _____ Zip: _____

Account Number(s): _____
Account Number(s) with Existing Financial Institution

RE: ACCOUNT CLOSING NOTIFICATION

To Whom It May Concern:

Please close the following account(s) with your institution:

◯ All account(s) in my/our name with your organization.

◯ The following account(s) with your organization:

Account # _____ ◯ Checking ◯ Savings ◯ Other: _____
Account # _____ ◯ Checking ◯ Savings ◯ Other: _____
Account # _____ ◯ Checking ◯ Savings ◯ Other: _____
Account # _____ ◯ Checking ◯ Savings ◯ Other: _____

Please send any remaining funds in these accounts to:

◯ The primary account holder at the address listed above.

◯ My account # _____ ◯ Checking ◯ Savings at:
NorthStar Credit Union, 3 S. 555 Winfield Road, Warrenville, IL 60555.

If you have any questions regarding this request, please call me at _____ .
Telephone Number
Thank you for your help with this matter.

Sincerely,

_____ Date: _____
Signature