

## Notice of Account Closure Form

Complete this form in its entirety and submit it to each of the financial institutions that you are requesting an account closure.

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

Financial Institution's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

To Whom It May Concern:

This provides my request to close the account(s) noted below with your financial institution.

**Account(s) to be closed:**

Account Type: _____	Account Number: _____
_____	_____
_____	_____

**I am requesting that remaining funds be transferred as following: (select one)**

Send a check for the account balances to me at the address below:

Printed Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Send a check for the account balances to my new account at:

Financial Institution:	<b>NIH Federal Credit Union</b>
Address:	<b>PO Box 10005, Irmo, SC 29063-5005</b>
Routing Number:	<b>255076944</b>
Account # (8 digits)	_____

If this letter is not sufficient to have my account(s) closed or should you have other questions, please contact me in the Day \_\_\_ / Evening \_\_\_ (select one or both) at the following phone number: \_\_\_\_\_.

Thank you for your attention to this important request.

Sincerely:

Authorized Signature: X \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_