WESTERN CT
FEDERAL CREDIT UNION

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Bethel, CT 06801
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www.westernctfcu.com

Close Account Request

The purpose of this form is to verify in writing that you are requesting that your account with the credit union be closed. If you are moving, please be sure to complete the new address information so any remaining documents can be forwarded as necessary, such as year end tax documents.

Member Name: _____

Account Number: _____

Type of Account(s):_____

Reason for Closing Account: _____

How would you like to receive any remaining funds in the account?

In Person-Cash In Person-Check Mail Check to:_____
_____

Member Signature: _____ Date: _____

IF MOVING Move Date: _____

New Address : _____
_____
_____

New Phone Number(s) or Cell Phone : _____

Credit Union Use Only:

Date Received: _____ How Received: __ In Person
__ Mail
Received by: _____ __ Fax

Cancelled Card Access:___ Deactivated eCB Access:___