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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 : _____

<u>Credit Union Use Only:</u>	
Date Received: _____	How Received: <input type="checkbox"/> In Person
	<input type="checkbox"/> Mail
Received by: _____	<input type="checkbox"/> Fax
Cancelled Card Access: <input type="checkbox"/> Deactivated eCB Access: <input type="checkbox"/>	