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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"/>	