

POWER CO-OP
EMPLOYEES



CREDIT UNION
Powerful Possibilities

ACCOUNT CLOSING REQUEST

Date: _____

Former Bank's Name: _____

Bank Address: _____

City: _____ State : _____ Zip: _____

This letter is to inform you that I/we have decided to close the account(s) listed below. Please send a check for any remaining funds in the account(s) to my address as listed below. If you have any questions regarding this request, please contact me at the phone number or address listed below. Thank you.

Account Owner Information

Account Owner Name: _____

Account Co-Owner Name: (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day/Evening (circle one): _____

Account Information

Checking Account Number: _____

Savings Account Number: _____

Other Accounts:

Type: Account Number: _____

Type: Account Number: _____

Account Owner Signature _____ Date: _____

Account Co-Owner Signature: _____ Date: _____
(if applicable)