



**Eaton Family Credit Union**

# Account Closure Request Form

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

This notice serves as a request and authorization to close my account as designated below.

## Account Information:

Account Number: \_\_\_\_\_

*(Check One)*

Checking

Savings

Certificate  
of Deposit

Upon receipt

At maturity

By signing this form, I authorize you to release the remaining funds in my existing account in the form of a cashier's check made out to:

\_\_\_\_\_

Please release the check to: \_\_\_\_\_  
*(Name of authorized person)*

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Customer Signature (joint signer)

\_\_\_\_\_

Date

Please send receipt of account closure and check to me at following address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternative Phone Number: \_\_\_\_\_