



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: _____

Previous Address: _____

Birth Date: _____

Social Security Number: _____

Phone Number: _____

Alternative Phone Number: _____

Reason for Account Closure: _____
