

Close Account Request

| Financial Institution's Name: | | | | |
|-------------------------------|--------------------------------------|--------|-------------|---|
| Address: | City: | State: | _ Zip Code: | |
| To Whom it May Concern; | | | | |
| | balance to the address listed below. | | | |
| Thank you, | | | | |
| Account Owner Signature: | | Date:_ | / | / |
| Print Name (Last, First, MI): | | | | |
| Joint Owner Signature: | | Date:_ | | / |
| Print Name (Last, First, MI): | | | | |
| Address: | City: | State: | Zip Code: | |

GMFCU Switch Kit 11/2017