

# Notice to Close Account

## ATTENTION

Old Financial's Name

Address

City, State, Zip

## TO WHOM IT MAY CONCERN

Please accept this letter as authorization to close my accounts, see list below, with your institution. Please issue a cashier's check in my name for the remaining balance(s) along with all accrued interest (if applicable).

Account Type	Account Number	Account Owner(s)

## PLEASE SEND ALL CLOSING BALANCES TO:

Full Name

Address

City, State, Zip

Email

Phone

Primary Account Owner Signature

Print Name

Date

Secondary Account Owner Signature

Print Name

Date



Madison  
Credit  
Union

### MCU Switch Kit

949 E. Washington Ave., Madison, WI 53703  
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