



Close Account

Please complete and return to Media City Community Credit Union

Date

Financial Institution You Are Leaving

Financial Institution's Address

City, State, Zip

To Whom It May Concern:

Please close my account _____ (account number), and send a check for the remaining balance to me at the address listed below.

If you have any questions about this request, please contact me during the DAY/EVENING (circle one) at (_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Co-Signer Signature

Name (please print)

Co-Signer Name (please print)

Address

City, State, Zip