

Request to Close Account

To whom it may concern:

This form gives you the authorization to close the following account(s):

Financial institution: _____

Business/Account Name: _____

Account number(s): _____

Please forward a check for all remaining funds in the account(s) as noted below:

To Customer

Customer name: _____

Address: _____

City: _____ State: _____ Zip: _____

To ESL Federal Credit Union in benefit of Customer

Benefit for: _____

Account number: _____

Please mail check to:

ESL Federal Credit Union

P.O. Box 92827

Rochester, NY 14692-9938

Authorized Signature #1 Title/Position Date

Authorized Signature #2 (if applicable) Title/Position Date