

## Account Closing Request

Date: \_\_\_\_\_

### Dear Financial Institution Representative:

I/We wish to close my/our account # \_\_\_\_\_ at your institution.

### Please make a check payable to:

CFCU Community Credit Union  
1030 Craft Road  
Ithaca, NY 14850-1016

For benefit of: \_\_\_\_\_ Account# \_\_\_\_\_  
at CFCU.

Thank you for your service and prompt attention to this request. If there are any questions or concerns please contact me at \_\_\_\_\_.  
*Daytime Phone*

Sincerely,

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Joint Signature (if applicable)** **Date**

8/05