

NOTICE TO CLOSE CHECKING ACCOUNT

Financial Institution Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

To whom it may concern:

Please accept this notice as authorization to close checking account number _____

and send me a check for the remaining balance to the address below.

If you have any questions, you can reach me at my:

Home: _____ Work Phone: _____

I verify all outstanding checks and deposits have cleared. I have already made arrangements to switch any automatic deposits and/or withdrawals with this account.

Thank You,

Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____

(if applicable)

This cancellation is authorized by:

Name (print): _____

Street Address: _____

City: _____ State: _____ Zip: _____



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