

Authorization to Close Account



1000 W. Wisconsin Street * Sparta, WI 54656 * 608-269-8121
 1410 W. Highway 16 * West Salem, WI 54669 * 608-786-2420

Date: _____

To: _____
 Name of Financial Institution

Address

City/State/Zip

RE: Account Closeout

To Whom It May Concern: Please close my account(s) with your financial institution:

Account # _____ ___Checking ___Savings ___Money Market ___Other

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ID Verification: _____ (Social Security Number or Account Password)

Please send a check for the remaining balance(s) to: (check remittance option below)

My new account at 1st Community Credit Union, PO Box 167, 1000 W. Wisconsin St, Sparta, WI 54656
 1st Community Credit Union **Routing Number: 275981909**
 1st Community Credit Union Account Number: _____ Savings / Checking
 (circle one)

My new address: _____
 Address

 Address

 City State Zip

I have also made arrangements to discontinue all direct deposits and automatic withdrawals from my account(s) with your financial institution. If you have any questions about this request, please call me during the Day / Evening at (____) _____ - _____
 (circle one) (phone number)

Account Holder 1 Signature _____ Date _____

Account Holder 2 Signature _____ Date _____

Print Name _____

_____-_____-_____
 Social Security Number

Print Name _____

_____-_____-_____
 Social Security Number