

ACCOUNT CLOSURE REQUEST



TO: _____
FINANCIAL INSTITUTION WHERE YOU ARE CLOSING ACCOUNT

FROM: _____
PRIMARY ACCOUNT HOLDER

_____ SECONDARY ACCOUNT HOLDER

ADDRESS: _____
STREET

_____ CITY / STATE / ZIP

Please close the following accounts with your institution:

Account # _____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Other _____
Account # _____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Other _____
Account # _____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Other _____
Account # _____	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Other _____

Please send any funds remaining in these accounts to:

<input type="checkbox"/> To my account at: ARCHER CREDIT UNION PO BOX 284 CENTRAL CITY NE 68826-0284	<input type="checkbox"/> The address shown above.	<input type="checkbox"/> The following address: _____ <small>STREET</small> _____ <small>CITY</small> _____ <small>STATE / ZIP</small>
Acct #: _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/>		

***Thank you for your prompt attention to this request.
 Please contact me at the above phone number if you have any questions about this matter.***

PRIMARY ACCOUNT HOLDER SIGNATURE

DATE

SECONDARY ACCOUNT HOLDER SIGNATURE

DATE