



CHARTER OAK
C R E D I T U N I O N

Account Closing

To:

Financial Institution Name:

Address: City: State: Zip:

From:

Your Name(s):

Address: City: State: Zip:

To Whom It May Concern:

Please close my account(s), effective today's date and send a check for the remaining balance to my address above.

I understand that all checks, automatic withdrawals and other transactions need to have cleared before completely closing my account(s). I have made arrangements to switch my automatic withdrawals and automatic deposits.

Primary Name on Account

Joint Name on Account

Account Number:

Type of Account:

If you have any questions, please contact me at the following number:

Phone Number Day / Evening (circle one)

Thank you for your prompt attention to this matter.

Customer Signature

Joint Account Holder Signature

Customer Name (Print)

Joint Account Holder Name (Print)

Date

Date