



# Account Closing Request

To:

From:

Address:

**Please close the following accounts with your institution:**

|           |                                   |                                  |                                       |       |
|-----------|-----------------------------------|----------------------------------|---------------------------------------|-------|
| Account # | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | Money Market <input type="checkbox"/> | Other |
| Account # | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | Money Market <input type="checkbox"/> | Other |
| Account # | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | Money Market <input type="checkbox"/> | Other |
| Account # | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | Money Market <input type="checkbox"/> | Other |

**Please send any funds remaining in these accounts to:**

The address shown above.

The following address:

To my account at SIU Credit Union:  
PO Box 2888  
Carbondale, IL 62902-2888

Account Number:

Share Type:

Primary Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_