

Existing Account Closing Form

Please close my account listed below and forward me a check for the total balance (plus any interest accrued if applicable) to the address listed below.

Account Number: _____

Name on Account: _____

Type of Account: Checking Savings Money Market

Social Security Number: _____

If you require any additional information, you can reach me at: _____

Please mail a cashier's check made payable to:

**Wright-Patt Credit Union, for the benefit of _____
P.O. Box 286
Fairborn, OH 45324**

OR

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Thank you for your prompt attention to this matter.

Sincerely,

Account Holder Signature: _____ Date: _____

(Notary Required)

Joint Account Holder Signature: _____ Date: _____

(Notary Required)

Notary:
State of _____
County of _____

On this _____ day of _____, 20____, before me personally appeared _____, known to me or proven to be the person(s) described in and who executed the same as his/her/their free act and deed.

Notary Public, State of _____
My Commission Expires: _____