



Account Closing Request

To: _____
(Financial Institution Where You Are Closing Your Account)

From: _____
(Primary Account Holder)

(Secondary Account Holder)

Address: _____

Please Close the Following Accounts with Your Institution:

Account #: _____
 Checking Savings Money Market Other

Account #: _____
 Checking Savings Money Market Other

Account #: _____
 Checking Savings Money Market Other

Please Send Any Remaining Funds in These Accounts to:

- The Address Shown Above
- The Following Address

- To My Account At:
1st Ed Credit Union
1156 Kennebec Drive
Chambersburg, PA 17201
 Account #: _____
 Checking Savings

Primary Account Holder Signature: _____ Date: _____

Secondary Account Holder Signature: _____ Date: _____