



ACCOUNT CLOSURE NOTIFICATION

Date: _____

Financial Institution in which account is to be closed: _____

Address: _____

City / State / Zip: _____

To Whom It May Concern:

Please close my account(s) with your financial institution:

Account Numbers: _____

Account Holders: _____

Please mail my balance to the following address:

Rails West Federal Credit Union
PO Box 1450
Pocatello ID 83204
(208) 232-5746

I hereby authorize closure of this/these account(s). All my checks have cleared and all direct deposits and automatic withdrawals have been stopped.

Thank you and please contact me if there are any questions regarding this request.

Signature

Printed Name

Joint Owner Signature

Joint Owner Printed Name