

ACCOUNT CLOSING REQUEST

TO: _____ (Bank you are closing account with)

FROM: _____ (Primary Account Holder)

_____ (Secondary Account Holder)

Address: _____ (Street)

_____ (City)

_____ (State, Zip)

PLEASE CLOSE THE FOLLOWING ACCOUNTS WITH YOUR INSTITUTION

Account

Checking _____ Savings _____ Money _____ Other _____
 Market

Account

Checking _____ Savings _____ Money _____ Other _____
 Market

Account

Checking _____ Savings _____ Money _____ Other _____
 Market

Account

Checking _____ Savings _____ Money _____ Other _____
 Market

Please send any funds remaining in these accounts to:

_____ The address
 Shown above

_____ The following address:
 _____ (Street)
 _____ (City)
 _____ (State/Zip)

_____ To my account at:
 New Century Federal CU
 971 Collins Street
 Joliet IL 60432
 Account #: _____
 ___ Checking ___ Savings

Primary Account Holder Signature: _____ Date _____

Secondary Account Holder Signature _____ **Date** _____