



Account Closing Notice

INSTRUCTIONS: COMPLETE THIS FORM AND SEND TO YOUR CURRENT FINANCIAL INSTITUTION TO CLOSE YOUR ACCOUNT.

To:	Bank/Credit Union Name	
Addie33	Bank/Credit Union Address	
City:	State:	Zip:
From:		
	Primary Account Holder	
	Secondary Account Hola	der(s)
Address:		
	Primary Account Mailing	g Address
City:	State:	Zip:
•		
To Whom it May Concern: Please close the following account(s) v	with your institution:	
To Whom it May Concern: Please close the following account(s) v Account #	with your institution: Checking Savings	
To Whom it May Concern: Please close the following account(s) v Account # Account #	with your institution: Checking Savings Checking Savings	Other:
To Whom it May Concern: Please close the following account(s) v Account # Account # Account #	with your institution: Checking Savings Checking Savings Checking Savings	Other:
To Whom it May Concern: Please close the following account(s) v Account # Account # Account #	with your institution: Checking Savings Checking Savings	Other:
To Whom it May Concern: Please close the following account(s) v Account # Account # Account # Account #	with your institution: Checking Savings Checking Savings Checking Savings Checking Savings Checking Savings	Other:
To Whom it May Concern: Please close the following account(s) v Account # Account # Account # Account #	with your institution: Checking Savings Checking Savings Checking Savings Checking Savings Checking Savings	Other: Other: Other: CommonWealth Credit Un
To Whom it May Concern: Please close the following account(s) v Account # Account # Account # Account # The Primary account holder	with your institution: Checking Savings Checking Savings Checking Savings Checking Savings Checking Savings	Other: Other: Other: CommonWealth Credit Un
To Whom it May Concern: Please close the following account(s) v Account # Account # Account # Please send any remaining funds in the The Primary account holder My account number	with your institution: Checking Savings Checking Savings Checking Savings Checking Savings Checking Checking Checking Checking Checking Checking Checking Checking Checking Checking Checking Checking Checking	Other: Other: Other: CommonWealth Credit Un Savings at: 563 Wm. Latham Dr. Bourbonnais, IL 60914

Secondary Account Holder(s) Signature(s)