



## 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_   Northern Lights Credit Union  
1004 Memorial Drive  
St. Johnsbury, VT 05819  
Account # \_\_\_\_\_  
 Checking    Savings

Primary Account Holder Signature: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_