



1221 E Grand St, Springfield, MO 65804

To: _____
(Company Name)

(Address)

(City, State and Zip)

From: _____
(Customer's Name)

Re: Account Number _____
(If applicable)

Account Closing Request

This memo serves as notification that I have established a new account with Educational Community Credit Union. Please stop making deposits to/withdrawals from the account at: _____
(Name of Financial Institution)

Account Number(s) and Account Type(s) I am authorizing closure of:

Number: _____ Type: _____
Number: _____ Type: _____
Number: _____ Type: _____
Number: _____ Type: _____
Number: _____ Type: _____

Listed below is the relevant account and routing information needed for you to close my account. If this form is not sufficient to close my account, please forward your authorized company form for my signature.

Please check one:

- ___ Mail the remaining balance of my account(s) to my address listed above.
___ Send the balance of my account(s) to be deposited at Educational Community Credit Union.

Educational Community Account Information:

Account Number: _____
Routing & Transit Number (ABA): 286582834
Address: 1221 E Grand St, Springfield MO 65804
Phone Number: 866-439-3228

Member Signature and Address:

Authorized Member Signature
Street Address

Phone Number
City, State and Zip

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. Educational Community Credit Union is not responsible for charges occurred for insufficient funds. Work with your ECCU Member Service Representative to determine when to send this form to your previous financial institution. Federally insured by the National Credit Union Administration.