



TAYLOR CREDIT UNION

# Account Closing Request

To:

From:

Address:

Please closed the following accounts with your institution:

Account #     Checking     Savings     Money Market     Other

Account #     Checking     Savings     Money Market     Other

Account #     Checking     Savings     Money Market     Other

Account #     Checking     Savings     Money Market     Other

Please send any funds remaining in these accounts to:

The address shown above.

The following address:

To my account at Taylor Credit Union:

P.O. Box 427  
Medford WI 54451

Account #:

Share Type:

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

Date:

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