



# Account Closing Request

To (Name of Financial Institution): \_\_\_\_\_

From (Name of account holders): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***Please close the following accounts with your financial institution:***

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: \_\_\_\_\_

***Please send any funds remaining in these accounts to:***

The address listed above

The following Address:

To my account at:

Wailuku Federal Credit Union

133 Ma'a Street

Kahului, HI 96732

Account Number: \_\_\_\_\_

Savings      Checking

Primary Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_