

## ACCOUNT CLOSING REQUEST

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Name of Financial Institution

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Address

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City

State

Zip

Please close the following account(s) 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:*

Altura Credit Union

**Central Operations - New Membership**

PO Box 908

Riverside, CA 92502-0908

Please reference my new account # \_\_\_\_\_ on the check.

Primary account holder signature \_\_\_\_\_

Joint account holder signature \_\_\_\_\_

Date \_\_\_\_\_