









**SWITCH KIT...** *A Quick and Easy Way to Switch*

**CLOSE ACCOUNT REQUEST FORM**

Bank/Other Financial Institution Name

Phone Number

Address

City

State

Zip

<b>Account number:</b>	Checking	Savings	Other
<b>Account number:</b>	Checking	Savings	Other
<b>Account number:</b>	Checking	Savings	Other

**To Whom It May Concern:**

Please accept this letter as authorization to close my account(s) listed above, at your institution and send a check for the remaining balance to **IFRQ Credit Union** to the address listed below. If you have questions, please contact me at:

I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Thank you.

Owner Signature

Printed Name

Date

Joint Owner Signature

Printed Name

Date

**Mail to: IFRQ Credit Union**



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### ACCOUNT CLOSURE CHECK LIST

- \_\_\_\_\_ All checks have cleared the account.
- \_\_\_\_\_ All automatic withdrawals have been switched to Icon Credit Union.
- \_\_\_\_\_ All direct deposits or payroll deductions have been switched to Icon Credit Union.
- \_\_\_\_\_ Destroy all remaining checks or bring in your checks from your previous financial institution and we will shred them for you.
- \_\_\_\_\_ Return Debit Cards, Check Cards, or ATM Cards to your previous financial institution.

That's it! You have successfully switched your account to Icon Credit Union. If we can further assist you with your financial needs, please let us know. We appreciate your business!

Your New Accounts Representative was:

**For Office Use Only**

Icon Products Requested:      Em                      p. Initial      Date

Checks

    Visa Debit Card (OAC)

    Visa Credit Card (OAC)

    Overdraft Line of Credit (OAC)

i      con@home/MemberLine