

## Account Closure/Fund Transfer Request

This form will be used to close your account(s) with your previous financial institution. This form will be needed for each financial institution. Make sure there is a positive balance in the account(s).

Some Companies require use of their own forms. If so, we'll help in the completion of those forms. At no charge to you, Western will deliver, mail or fax this form to the previous financial institution.

### (1) Financial Institution Information (where you are closing accounts):

Name of Financial Institution: \_\_\_\_\_

Mailing Address (if not a local institution): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### (2) Close My Accounts and Transfer My Funds:

I wish to close my account(s) listed below at your institution.

Please close the accounts effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I wish to receive the funds by the following manner indicated (select one with the proper information inserted).

- Mail a check for the remaining balance(s) to me at the address below.
- Wire transfer remaining balance(s) to my Western  checking  savings account using these instructions:  
Wire funds to: Corporate One Federal Credit Union, Routing Number 244084264  
For further credit: Western Credit Union, Inc., Routing Number 244078021

Financial beneficiary: Please reference account holder's name and Western account #: \_\_\_\_\_

Account number(s) to be closed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Close my certificates of deposit(s), account number(s): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

upon maturing and  mail  wire transfer the remaining balances using the instructions provided herein.

### (3) Customer Approval and Authorization:

If you have any questions about this request, please contact me during the  day  evening at (\_\_\_\_) \_\_\_\_\_. Thank you.

Account Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please leave sufficient funds in your previous account to cover any outstanding checks, ATM/debit card transactions, or automatic payments that may be charged to your account. It would be wise to destroy unused checks, deposit slips, and ATM/debit cards from the previous financial institution.

*These forms are provided for convenience only and does not imply Western Credit Union responsibility or liability for their use.*