## **Account Closing Form**

City, State, Zip Code



Accoom closing rorm	FEDERAL CREDIT
To:	
Name	Company Address
Company Name	City, State, Zip Code
I would like to <b>close my existing account(s)</b> using the information below.	
Checking Account Information	Savings Account Information
Checking Account Number	Savings Account Number
All remaining balances should be sent to me at the address below.	
Member Signature	Date
Co-signer Signature	Co-signer Name (printed)
Member Name (printed)	Member Phone Number
Member Address	Member Email Address

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