



# Account Closing Request

To:

From:

Address:

Please close the following accounts 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:

The address shown above.

The following address:

To my account at:  
**Mid Oregon Credit Union**  
 PO Box 6749  
 Bend OR 97708  
 Routing / Transit Number: #**323274186**

Account Number:

Share Type:

Primary Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_