



I'm switching to Community 1st Credit Union!

Account Closing Request

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Please close my account at:

Financial Institution: _____ Phone: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip: _____

Account Number(s) and Account Type(s) I am authorizing closure of:

Number: _____ Type: _____

Number: _____ Type: _____

Number: _____ Type: _____

Number: _____ Type: _____

Number: _____ Type: _____

Please check one:

Mail the remaining balance of my account(s) to my address listed above.

Send the balance of my account(s) to be deposited at Community 1st Credit Union. (address below)

My C1st Member number is: _____

**Mail to: Community 1st Credit Union
PO Box 737
Ottumwa, IA 52501-0737**

I hereby authorize Community 1st Credit Union to close my account(s). It is understood that a photocopy of this form will also serve as authorization.

Primary Account Holder Name (Print): _____

Signature: _____ **Date:** _____

Secondary Account Holder Name (Print): _____

Signature: _____ **Date:** _____

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals.
Community 1st Credit Union is not responsible for charges occurred for insufficient funds.
Work with your C1st Member Service Representative to determine when to send this form to your previous financial institution.
This Credit Union is federally insured by the National Credit Union Administration.