

## Account Closure Request

I request to close the following account:

FINANCIAL INSTITUTION

ACCOUNT NUMBER

I hereby authorize the above-named financial institution to close my account and send the remaining balance to:  
First Community Credit Union, 200 N Adams, Coquille, OR 97423

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

JOINT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_

JOINT NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY, ST, ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

FCCU ACCOUNT \_\_\_\_\_



200 N Adams | Coquille, OR 97423 | (855) 328-2441

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