

ACCOUNT CLOSING REQUEST

Name of Financial Institution

Address

City

State

Zip

Please close the following account(s) 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:

Altura Credit Union

Central Operations - New Membership

PO Box 908

Riverside, CA 92502-0908

Please reference my new account # _____ on the check.

Primary account holder signature _____

Joint account holder signature _____

Date _____