

ACCOUNT CLOSURE FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE CLOSE THIS ACCOUNT PER MY INSTRUCTIONS.

Previous Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number to be closed: _____

I authorize the closure of my account effective as of this date: _____

Please transfer any remaining balance to: USA Credit Union
P.O. Box 7092
Troy, Michigan 48007-7092
1-800-521-8440

USA Credit Union Routing/ABA Number: 272078048

Account Number: _____

Savings

Checking

If you have any questions, please call me at _____.

Authorized Signature: _____