

Switch my Account

Checking Account Closure Form

I am switching my account to North Central Area Credit Union and would like to **close** my account with your Financial Institution.

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Social Security # _____
Financial Institution _____
Old Acct# _____

I understand that all checks and automatic debits must clear before completely closing my account(s). Please let me know if there is anything else needed from me before closing my account(s)

Please mail my account balance(s) made payable to me by check to:

North Central Area Credit Union
P.O. Box 817
Houghton Lake, MI 48629
(989) 910-5135

Please automatically transfer my account(s) balance to:

New NCACU Account # _____ Savings _____ or Checking _____
Routing # 272484247

Attention Members: By mailing your personal information you can put your account information at risk of ID theft or fraud.

Signature _____ Date _____

The company receiving this form may require more information or forms.



