

Switch Kit Account Closure Request

Please close the following account and send a check for the remaining balance and confirmation of account closure to the address below.

Closed Account Information	Savings Account	Checking Account
Financial Institution Name		Account Number(s)
Member Information		
Name	Phone Number	
Joint-Owner Name (if applicable)		
Address	City, State	Zip
Sincerely,		
Member Signature		Date
Joint-Owner Signature (if applicable)		Date