



## Checking Account Closure Notification

Date \_\_\_\_\_ SSN \_\_\_\_\_ Name \_\_\_\_\_

Financial Institution: Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Account number \_\_\_\_\_

I hereby authorize closure of this account. All my checks have cleared and all automatic deposits and payments have been stopped.

Closure should take effect on \_\_\_\_\_.

Please mail balance to: **ISU Credit Union**  
**921 S. 8<sup>th</sup> Ave., Stop 8029**  
**Pocatello, ID 83209**  
**(208) 235-7100**

Account # \_\_\_\_\_

Signature(s) \_\_\_\_\_

\_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

If you have any questions about this request, please contact me as soon as possible at the following phone number. Thank you.

Phone: \_\_\_\_\_