

Account Closure Request

Please close my:

- Checking Account
- Savings Account
- Money Market Account

Current Financial Institution

Address

Account#

Effective Closure Date

Transfer the remaining balance, via wire transfer or mail to:

**Extra Credit Union
6611 Chicago Road
Warren, MI 48092**

Account #

Routing/ ABA Number # 2724-7743-2

- Checking Account
- Savings Account
- _____

Other, please specify:

Member Name

Address

City

State

Zip

Social Security Number

Home Phone Number

Daytime Phone Number

Member Signature

Date

Please submit this form to the financial institution where you will be closing your account.