



FEDERAL CREDIT UNION

Account Closing Request

Name _____

Address _____

City _____ State _____ Zip _____

Ph# _____ E-Mail _____

Please close my account at:

Financial Institution _____

Address of Financial Institution _____

Account Number(s) and Account Type(s) I am authorizing closure of:

Number _____	Type _____
Number _____	Type _____
Number _____	Type _____
Number _____	Type _____
Number _____	Type _____

Please check one:

Mail the remaining balance of my account(s) to my address listed above.

Send the balance of my account(s) to be deposited at Monroe Telco Federal Credit Union.

My Monroe Telco FCU Account number is _____

**Mail to: Monroe Telco FCU
4705 Cypress Street
West Monroe, LA 71291**

Primary Account Holder Name (print) _____

Signature _____ **Date** _____

Secondary Account Holder Name (print) _____

Signature _____

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. Monroe Telco FCU is not responsible for charges occurred for insufficient funds.