



Mailing Address: P.O. Box 26188, Lansing MI 48909-6188
lafcu.com • 517.622.6600

Close Account Request Form

Complete this form to instruct your current financial institution to close your account and send the remaining balance to LAFCU or to yourself for deposit into your new LAFCU account.

Bank / Other Financial Institution Name _____

Address _____

Street

City

State

Zip

To Whom It May Concern:

Please accept this letter as authorization to close account number _____ at your institution and send a check for the remaining balance to (choose one):

My Address of Record

-or-

LAFCU
P. O. Box 26188
Lansing, MI 48909-6188

Please reference my new savings account number on the check. _____
LAFCU Account Number

I understand that I will need to verify that all outstanding payments and deposits have been cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

If you have any questions, please contact me at _____
Phone Number

Thank you,

Owner's Signature & Date _____

Owner's Printed Name _____

Joint Owner's Signature & Date _____

Joint Owner's Printed Name _____