



C O L U M B U S
METRO
FEDERAL CREDIT UNION

4000 E. Broad Street
Columbus, OH 43213

614-239-0210
800-986-3876

Checking Account Closure Notice

Instructions: Complete this form and send to Current Financial Institution to close account.

Name of Financial Institution _____

Name _____

Address _____

Account Number _____

Social Security Number _____

Authorization

I hereby authorize the closure of my checking account and hereby state that all of my checks have cleared the account to be closed and all direct deposits and direct payments have been stopped.

Please mail the remaining balance in my account, if any, to the address I have indicated above.

Signature _____ Date _____

Joint Signature (if necessary) _____ Date _____