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ACCOUNT CLOSING LETTER

Please fill out form and give to the account maintenance department of each financial institution that you are closing an account with.

Attention: Account Maintenance

I have recently changed financial institutions and would like to close my account at your financial institution. Please close my account(s) and send a check for the remaining balance(s) to my address.

If you have any questions regarding this request, please contact me by mail or call me at the phone number listed below. Thank you for your prompt assistance in this matter.

Sincerely,

X _____
Authorized Signature

X _____
Date

ACCOUNT INFORMATION

Checking Account Number(s)

Other Account Numbers to Close (if applicable)

Name

Address

City/State/Zip

Home Phone

Social Security Number

Work Phone

Special Instructions or Comments