



Account Closing Request

To:

From:

Address:

Please close the following accounts with your institution:

Account #	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other
Account #	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other
Account #	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other
Account #	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other

Please send any funds remaining in these accounts to:

The address shown above.

The following address:

To my account at:

Day Air Credit Union

P.O. Box 292980, Kettering, OH 45429-8980

Account Number:

Share Type:

Primary Account Holder Signature: _____

Date: _____

Secondary Account Holder Signature: _____