



## 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: \_\_\_\_\_