



Account Closing Request

To: _____

From: _____

Address: _____

Please close the following accounts with your institution:

Account Number: _____ Checking Savings Money Market Other _____

Account Number: _____ Checking Savings Money Market Other _____

Account Number: _____ Checking Savings Money Market Other _____

Account Number: _____ Checking Savings Money Market 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: _____