



PLEASE NOTE!

For your protection, Sun East requires an original signature. Please type information in all appropriate fields, print the form, sign it, and drop it off at any branch location or mail it to:

Sun East Federal Credit Union
P.O. Box 2231
Aston, PA, 19014

CLOSE ACCOUNT

Date

Bank's Name

Address

City, State, Zip

To Whom It May Concern:

Please close my account _____ (account number),

and send a check for the remaining balance to me at the address listed below. If you have

any questions about this request, please contact me during the **DAY / EVENING** (circle one) at

(_____) _____ (phone number).

Thank you.

Sincerely,

Signature

Name (please print)

Address

City, State, Zip

Co-Signer Signature

Co-Signer Name (please print)

Please make as many copies of this form as needed. Mail to institution of account you wish to close.