



Account Closing Request

To (Name of Financial Institution): _____

From (Name of account holders): _____

Address: _____

Phone Number: _____

Please close the following accounts with your financial institution:

Account Number: _____ Type: _____

Account Number: _____ Type: _____

Account Number: _____ Type: _____

Account Number: _____ Type: _____

Account Number: _____ Type: _____

Please send any funds remaining in these accounts to:

The address listed above

The following Address:

To my account at:
SoundView FCU
14 Research Dr
Bethel, CT 06801

Account Number: _____

Savings Checking

Primary Owner Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____