



Request to Close Account(s)

Date:

TO: (Financial Institution Information)

Financial Institution Name _____

Address _____

City _____ State _____ Zip _____

FROM: (Member Information)

Member Name _____

Address _____

City _____ State _____ Zip _____

I request that you close the following account(s) I have at your financial institution:

Account Number _____ Type of Account _____

Account Number _____ Type of Account _____

Account Number _____ Type of Account _____

Please send the remaining balance to:

Argent Federal Credit Union
P.O. Box 72, Chesterfield, VA 23832-0001

My home address

Address _____

City _____ State _____ Zip _____

Allow me to thank you in advance.

Primary/Joint Owner's Signature _____ Date _____