

Switch Kit

REQUEST TO CLOSE ACCOUNTS

To: _____

From: _____

Address: _____

Phone: _____

Please close the following accounts with your institution:

Acct #: _____ Checking Savings Other: _____

Acct #: _____ Checking Savings Other: _____

Acct #: _____ Checking Savings Other: _____

Acct #: _____ Checking Savings Other: _____

Please send any funds remaining in the closed accounts to:

The address shown above

The following address:

To my account at Magnifi Financial Credit Union:

Branch Address: _____

Account Number: _____ Checking Savings

Sincerely,

Signature: _____

Date: _____

Joint Signature: _____

Date: _____

