



Account Closure Request Form

Authorization to Close Account

Transfer Account Funds From

Other Financial Institution Name _____

Account Number _____

Address _____

City/State/Zip _____ Phone _____

I am transferring my account(s) to NH Postal Credit Union. This written notice is my authorization to close my account at your institution. I understand that I will need to make certain all checks, drafts and automatic debits have cleared before completely closing my account(s). I understand that it is my responsibility to switch any automatic debits and deposits that I have.

Instructions to Transferring Institution (check all that apply)

- Transfer all funds and close my account
- Transfer exactly \$ _____
- Transfer the funds immediately
- Transfer funds on the following date: _____
- Other: _____

Please accept this letter as my authorization to transfer funds from the above named account to:

NH Postal Credit Union
PO Box 4444 Manchester, NH 03108-4444

NH Postal Credit Union Routing Number: **211489449**

NH Postal Credit Union Account Information

Owner Name _____

Joint Owner _____

Please send a check made payable to NH Postal Credit Union and note on the check that it is for deposit to my

NHPCU Account # _____ Account Type Checking Savings

Owner Signature _____ Date _____

Joint Owner Signature _____ Date _____