

SWITCH KIT



Account Closure Form

I'm moving my accounts to Service First Federal Credit Union.

Name of Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

This letter serves as a request to close:

Account Number: _____

Account Number: _____

Account Number: _____

Please accept this form as authorization to close my account(s) and send any remaining funds to:

Service First Federal Credit Union
3901 East 10th Street
Sioux Falls, SD 57103

Please reference Service First FCU account number _____ on the check.

Signature: _____

Date: _____