



Account Closing Form

Name of Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

This letter serves as a request to close:

Account #: _____

Account #: _____

Account #: _____

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

Service First Federal Credit Union
3901 E 10th St
Sioux Falls, SD 57103

Please reference Service First account # _____ on the check.

Signature: _____

Date: _____