



## 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 10<sup>th</sup> St  
Sioux Falls, SD 57103

Please reference Service First account # \_\_\_\_\_ on the check.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_