

Account Closing Request

To:

From:

Address:

Please close the following accounts with your institution:

| | | | | |
|-----------|-----------------------------------|----------------------------------|---------------------------------------|-------|
| Account # | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | Money Market <input type="checkbox"/> | Other |
| Account # | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | Money Market <input type="checkbox"/> | Other |
| Account # | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | Money Market <input type="checkbox"/> | Other |
| Account # | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | Money Market <input type="checkbox"/> | Other |

Please send any funds remaining in these accounts to:

The address shown above.

The following address:

To my account at:

Park Community Credit Union
6101 Fern Valley Road
Louisville, KY 40228
Transit/ABA# 283079476

Account Number:

Share Type:

Primary Account Holder Signature: _____

Date: _____

Secondary Account Holder Signature: _____