Close Account

DATE			
FINANCIAL INSTITUTION			
MAILING ADDRESS			
CITY, STATE, ZIP			
To Whom It May (Concern:		
Please close my account - number			, and send this form and a
check for the remai	ining balance * made	e payable	to me to the address below. If you have any t one of the following numbers:
Daytime: or		or Even	ing:
Sincerely,			
Account Owner Signature **			Joint Account Owner Signature
Account Owner Name (Please Print)			Joint Owner Name (Please Print)
*remaining balance	e will be deposited in	n your W	KFCU savings account
	are authorizing Willi KFCU savings accou	_	on Federal Credit Union to deposit remaining
Mail Check(s) to:	Willis Knighton Federal Credit Union		
	Attn: Member Ser	vices	
	P.O. Box 17585		

Shreveport, LA 71138