

ACCOUNT CLOSING REQUEST
SWITCH KIT



Date ____/____/____

TO INSTITUTION NAME _____
ADDRESS *Physical* _____ PO BOX _____
_____ STATE _____ ZIP _____

FR NAME _____
ADDRESS *Physical* _____ PO BOX _____
_____ STATE _____ ZIP _____

★ Please CLOSE the following Account(s) with your Institution

Account # _____

Account # _____

Account # _____

★ Please send any remaining funds in these accounts to:

NSCCU
PO Box 10
Maddock, ND 58348

Signature _____

Date ____/____/____

FORM UPDATED 2017.10