



2218 Walbert Avenue · Allentown, PA 18104 · Phone: 610-435-7575 · Fax: 610-435-2910

REQUEST TO CLOSE ACCOUNT

Date: _____

To Whom It May Concern:

I hereby request the following bank account I/we maintain with your financial institution be closed.

Financial Institution _____

Address _____ City _____ State _____ ZIP _____

Routing Number: _____

Account Number: _____

Please send proceeds of the account listed above to:

LVFCU FBO: _____

2218 Walbert Avenue
Allentown, PA 18104

If you have any questions about this request, please contact me by calling:

Day Number: _____ Evening Number: _____

Thank you!

Sincerely,

Signature

Joint Owner Signature

Name

Joint Owner Name

Address

City/State/ZIP

