

Checking Account Closure Notice

Please complete the following with the account information for the account you wish to close. You will need to complete a form for each account you wish to close. Please be sure all checks have cleared prior to closing your checking account. The balance will be sent to your NEW Metro Checking Account.

Name:	Social Security #:
Joint Owner Name: <i>(if applicable)</i>	Phone:

Previous Financial Institution Information		
Institution:	Account: #:	
Address:		
City:	State:	Zip:

<i>Transfer any remaining balance to:</i>	
Account: #:	
<i>Mail to:</i>	Metro Credit Union 200 Revere Beach Parkway Chelsea, MA 02150
<i>Or electronic transfer to Metro Credit Union, Routing #: 211381990</i>	

Authorization	
IMPORTANT – READ BEFORE SIGNING:	
By signing below, I authorize you to close my account and remit the balance of the account as designated above. Please cancel any ATM or Debit Cards associated with this account as well. Please contact me at the phone number above or Metro Credit Union at 877-MY-METRO with any questions.	
Signature (Account Owner):	Date: