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CLOSE ACCOUNT FORM

Directions: Fill out this form electronically, print it and mail it to your former financial institution.

Date

Former Financial Institution Name

Address

City, State, Zip

Please close my account(s) listed below, and send a check for the remaining balance made payable to me to the address below.

Account(s) to Close:

Savings	Acct. No.	_____
Checking	Acct. No.	_____
_____	Acct. No.	_____
_____	Acct. No.	_____
_____	Acct. No.	_____
_____	Acct. No.	_____

All of my/our outstanding checks and automatic withdrawals have been paid from this account.
No further checks, automatic deposits or withdrawals will be presented on this account.

Signature

Joint Owner Signature

Print Name

Joint Owner Print Name

Address City State Zip

Day Phone Evening Phone