



Account Closing Request



To:

From:

Address:

Please close the following accounts with your institution:

Account #	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other
Account #	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other
Account #	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other
Account #	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Money Market <input type="checkbox"/>	Other

Please send any funds remaining in these accounts to:

The address shown above.

The following address:

To my account at:
1st Bergen Federal Credit Union
93-95 Main Street, Hackensack, NJ 07601

Account Number:

Share Type:

Primary Account Holder Signature: _____ Date: _____

Secondary Account Holder
Signature: _____