Make the Switch



HOW TO USE THE ACCOUNT CLOSURE FORM:

Send this information to your financial institution with your current account. Before sending this form to close the account, make sure there are no outstanding items that need to clear. *Do not* send this form to Dow Credit Union, as it will not be processed.

Contact Infor	mation		
Name:	Phone #:		
		ty/State/Zip:	
Email:			
Instructions			
Please close n	ny: ☐ Checking Account ☐ Savings Account		
At:			
	Name of Financial Institution	Account Number	
Check one:	 Mail the balance to my home address above Send the balance to be deposited at Dow Credit Union electronically (See information below) 		
Dow Credit Un Dow Credit 600 E LYON PO BOX 16 MIDLAND,	N RD		
Authorization			

Please accept this document as an authorization to close my account with you. There are no outstanding checks and/or automatic withdrawals on the accounts I am requesting to close. I have already made arrangements for any automatic deposits that I have. Please let me know if there is anything else that I need to provide in order for you to close my account(s).

Signature: _____

Date: