



CLOSE ACCOUNT REQUEST

1069 Graves Avenue, Suite 100
El Cajon, CA 92021-4573
(619) 588-1515
www.EastCountySchools.org

Date _____

To:

Financial Institution: _____

Address: _____

City, State, Zip: _____

Please close my account described below:

My Checking Account Number with You: _____

Other Accounts: _____

Please forward the balance(s) to:

My New Financial Institution:

EAST COUNTY SCHOOLS FEDERAL CREDIT UNION
1069 Graves Avenue, Suite 100
El Cajon, California 92021
Phone: 619-588-1515

My New Account (Member Number): _____ Checking
(Enclose a deposit slip when possible)

X

Customer (Member) Printed Name

Customer (Member) Signature

Address

City, State Zip

Daytime Phone