



ACCOUNT CLOSURE INFORMATION

Date _____

Financial Institution Name _____

To Whom It May Concern,

I hereby authorize the closure of my Checking Savings All Accounts

Effective Date: _____

My account information is:

Name: _____

Address: _____

Account Number(s): _____ ; _____

Please transfer any remaining balances by check disbursement to:

Westerra Credit Union

3700 E Alameda Ave

Denver, CO 80209

Westerra Account Number (13 digits) _____

Name: _____

If you have any questions, please contact me at _____.

Thank you.

Name _____

Signature _____