CLOSE ACCOUNT FORM

DATE		
DATE		
FINANACIAL INSTITUTION NAME		
FINANCIAL INSTITUTION ADDRESS		
CITY, STATE, ZIP		
ТО:		
The purpose of this letter is to inform you that I am s	switching my account to LEGACY,	effective immediately.
Please close my account	(account 1	number), and send the
remaining balance directly to Legacy for deposit into	my new account at the address liste	ed below.
Account Type(s) Checking Savings	Money Market CD	All Accounts
If you have any questions about this request, please co	ontact me during the DAY/ EVENII	NG(circle one)
at () –	(phone number).	
Thank you for your assistance. Sincerely,		
SIGNATURE	JOINT OWNER SIGNATUR	RE
NAME (Please print)	JOINT OWNER NAME (Ple	ase print)
Please send my remaining balance for deposit into the	e account number and address liste	ed here:
NEW ACCOUNT NUMBER		

LEGACY COMMUNITY FEDERAL CREDIT UNION 1400 SOUTH 20TH STREET BIRMINGHAM, ALABAMA 35205

