

Checking Account Closure & Transfer Form

Dear Account Representative:

I am transferring my account to Sharonview Federal Credit Union. Please consider this letter as an official request to close my account with your financial institution.

Name _____ SSN _____

Checking Account # _____

**New financial institution:
Sharonview Federal Credit Union
P.O. Box 2070
Fort Mill, SC 29716**

Routing #: 253075303 Checking account # _____

I authorize the closing of my account effective on _____, and request any remaining balance and any interest earned on that date be sent to Sharonview Federal Credit Union for deposit into my account shown above.

Signature _____

Date