



NJFCU Switch Kit Closed Account Request

To Whom It May Concern:

Date _____

Please be advised that effective immediately, I/we would like to close the account(s) listed below. I have verified that all of my checks have cleared and all direct deposits and automatic payments and electronic debits and credits have been stopped. Listed below you will find my personal information and the account(s) to be closed:

Name: _____ Email: _____

Address: _____

Financial Institution: _____ Account # _____

If you should have any questions feel free to contact me at: (____) _____ - _____

Account type: Checking Savings CD

Other (i.e. Vacation Club, Holiday Club, Teen Account, etc.) _____

Please process this request and forward any remaining funds in the above account(s) by check to:

North Jersey Federal Credit Union
711 Union Blvd.
Totowa, NJ 07511
ATTN: NJFCU Switch Kit _____

Thank you for your prompt attention to this request.

Member's Name: _____
(Print Full Name)

Member's Signature: _____ Date: _____

Member Check Off List:

Verify with your current bank that no additional forms are required to close the account

Ensure all outstanding accounts checks have cleared your current checking account

Ensure all electronic credits &/or debits/payments have been transferred to your new account

Inquire about any possible penalties with respect to early withdrawals before you close your current account. (In case of certificate of deposits (CDs), it is important to verify maturity dates).

Verify that North Jersey Federal Credit Union received your funds before writing out any checks.

Subscribed and sworn before me this _____ day of _____, 200_____

Signature of Notary Public: _____