

E-Z Account Switch Kit



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: _____ E-mail: _____

Address: _____

Financial Institution: _____ Account # _____

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

Account type: Checking ___ Savings ___ CD ___ Regular accounts: Business Accounts:

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 payable to:

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

Thank you for your prompt attention to this request.

Member _____
For Benefit Of (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 checks have cleared your current checking account.

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

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 NJFCU received your funds before writing out any checks on your NJFCU account.

North Jersey Federal Credit Union

Subscribed and sworn before me this _____ day of _____, 201_____

Signature of Notary Public: _____

