

## EXISTING BANK ACCOUNT SWITCH KIT CLOSURE FORM

Please close my account(s) listed below and forward me a check for the total balance (plus any interest accrued if applicable) to the address listed below:

	If you require any additional information, you may reach me at:				
		(Ho	ome Phone) or	(Cell)	
Account Number(s):					
Pri	mary Name on A	Account:			
So	cial Security / TI	N# :			
Type of Account (s): Savings Checking Other (type				Other (type	)
		Please mail a c	ashier's check made	payable to:	
Greater Cincinnati Credit Union, for the benefit of:					(Name)
C/o Account	ing Department				
7221 Montgomery Rd,					
Cincinnati, C	)H 45236				
			-OR-		
Name:					
Address:					
		(Stree	et Address, City, State, & Zip	o)	
Thank you for	your prompt at	tention to this matte	r.		
Account Holder Signature: Date:					
(Notary Optional o	or as Required)				
Joint Account F	lolder Signature	(if applicable):			
(Notary Optional o	or as Required)				
Notary:					
County of:	lay of 2	hefore me nerson	ally appeared		
				ne as his/her their free act and deed.	
				(Notary seal)	
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