

# Checking Account Closure Notification

Name: \_\_\_\_\_

To: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

I hereby authorize the closure of the above-named account,  
effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

Please send remaining funds to my account at  
Inspirus Credit Union.

**Inspirus Credit Union**  
PO Box 576  
Seattle WA 98111-0576  
1-888-628-4010



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

New Account Number: \_\_\_\_\_