

Account Closure

Please close my:

- Checking Account
- Savings Account
- Money Market Account

At: _____
Current Financial Institution

Address: _____

Account #: _____

Effective Closure Date: ____ / ____ / ____

Transfer the remaining balance, via wire transfer or mail to:

Great Lakes Credit Union

P.O. Box 1289

Bannockburn, IL 60015

Account # _____

GLCU ABA Routing #271984832

- Checking Account
- Savings Account
- _____

Other, please specify

My Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____

Home Phone Number: _____ - _____ - _____

Daytime Phone Number: _____ - _____ - _____

Signature: _____

Please submit this form to the financial institution where you will be closing your account.

