

APPLICATION TO CLOSE MY CHECKING ACCOUNT

Today's
Date

(Please fill out and print completed form and mail or bring into a PSE branch office.)

On ____ please close my Checking Account at _____ Acct # _____

Old Financial Institution Address _____
Street Address City State Zip

Account Holder _____ Phone # _____ Social Security # _____

2nd Account Holder _____ Phone # _____ Social Security # _____

I (we) have opened a Checking Account at PSE Credit Union, Inc. New 10-digit Account # _____

Financial Institution Address: 5255 Regency Drive Parma, Ohio 44129

On the closing date, please send the balance of _____ to: PSE Credit Union, Inc.

Address where check is to be sent: 5255 Regency Drive Parma, Ohio 44129

Signature(s) _____

(Sign printed form.)

Make sure all outstanding checks and check card authorizations have cleared before submitting the final balance.

If you have any questions, please call the Checking Account Department at 440-843-8300.