

## ACCOUNT CLOSING REQUEST

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Name of Financial Institution

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Address

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City

State

Zip

Please close the following account(s) with your institution:

Account#  Checking  Savings  Money Market  Other

Account#  Checking  Savings  Money Market  Other

Account#  Checking  Savings  Money Market  Other

Account#  Checking  Savings  Money Market  Other

Please send any funds remaining in these accounts to:

Buffalo Police Federal Credit Union  
74 Franklin Street  
Room 103  
Buffalo, NY 14202

Please reference my new account # \_\_\_\_\_ on the check.

Primary account holder signature \_\_\_\_\_

Joint account holder signature \_\_\_\_\_

Date \_\_\_\_\_