| Account Closure | | |
|---|---------|---|
| Please close my: | | Checking Account Savings Account Money Market Account |
| At:Current Financial Instititution | | |
| Address: | | |
| Account #: | | |
| Effective Closure Date: / | | / |
| Transfer the remaining balance, via wire transfer or mail to: Great Lakes Credit Union 2525 Green Bay Road North Chicago, IL 60064 | | |
| Account # GLCU ABA Routing #27198483 | 32 | Checking Account |
| Other, please specify | | Savings Account |
| My Name: | | |
| | | nte: Zip: |
| 5 | | |
| | | |
| | | |
| Signature: | | |
| Please submit this form to the financial i you will be closing your account. | institu | ution where |