Account Closure Letter

Date:_____

To:_____ From:_____

_____ Address: _____

_____ City/State/Zip _____

_____ Account #:_____

Joint (if applicable) _____

To Whom It May Concern,

I hereby authorize the closure of the account referenced above effective_____ .

Please transfer any remaining balance via check to the following:

☐ Qualstar Credit Union
P.O. Box 3050
Bothell, WA 98041-3050

☐ My address above, or as noted here:

_____

_____

_____

If there are any questions, please contact me at _____ or Qualstar Credit Union at 1-800-848-0018.

Thank you,

Signature:

Print Name: _____