



Account Closure & Transfer Request Form

Please close my account and Transfer my funds as described below.

Effective on the following date: _____

Name (s) on Account: _____

Account Number (s):

Type of Account(s):

Please prepare a cashier's check made payable to:

For the amount of \$_____ representing the closing balance of my account.

Please mail the check to : DayMet Credit Union, Inc.
P.O. Box13087
Dayton, Ohio 45413-0087

Thank you for your prompt attention in this matter. If you should have any questions or concerns, please contact at the following number: (____) _____

Sincerely,

Account Holder Signature: _____

Joint Holder Signature: _____

Date: _____