



# Account Closure Form

*Complete and give to current financial institution.*

**Please close this account per my instructions.**

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CURRENT FINANCIAL INSTITUTION

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CHECKING/SAVINGS ACCOUNT NUMBER

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NAME(S) ON ACCOUNT

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ADDRESS

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CITY

STATE

ZIP

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DAYTIME PHONE

I authorize the closure of my account effective as of this date: \_\_\_\_\_

Please transfer any remaining balance to:

Wanigas Credit Union  
1837 Bagley Street  
Saginaw, MI 48601  
(989)759-5780

Wanigas Credit Union Routing Number: **272484807**

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ACCOUNT NUMBER

CHECKING  SAVINGS

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AUTHORIZED SIGNATURE

DATE

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AUTHORIZED SIGNATURE

DATE

Contact your current financial institution for its specific requirements regarding account closure.