

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Credit Union Name]
[Credit Union Address]
[City, State, Zip Code]

Subject: Request for Account Closure

Dear [Credit Union Manager's Name or Customer Service Team],
I am writing to formally request the closure of my account with your institution. Below are the details of my account:

- Account Holder Name: [Your Name]
- Account Number: [Your Account Number]

Please ensure that any remaining balance in my account is transferred to my specified bank account or issued via check, to the address provided above.

I kindly ask for a confirmation of the account closure once it has been processed.

Thank you for your assistance in this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]