



Notice of Account Closure Form

[use your tab button to move through the form]

Date: _____

To Whom It May Concern:

Please close the account(s) noted below with NIH Federal Credit Union.

Account(s) to be closed:

Account Type: _____

Account Number: _____

_____	_____
_____	_____
_____	_____

I am requesting that the remaining funds be transferred as the following:

☐ Transfer funds to NIHFCU account: _____ Account Suffix: _____

☐ Send a check for the account balances to me at the address below:

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please state the reason(s) why you are closing your account at NIHFCU:

If you have other questions, please contact me during the

Day ☐ / Evening ☐ (select one or both) at the following phone number: _____

Thank you for your attention to this important request.

Sincerely:

Authorized Signature: X _____

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Please return this completed and signed form to:

* **By Mail:** NIH Federal Credit Union, Attn: Member Contact Center, PO Box 6475, Rockville, MD 20849-6475

* **By Fax:** 301.770.5372 Attn: NIHFCU Member Contact Center

* **In Person:** Stop by any NIHFCU branch location