

# Account Closure Form



Give completed form to your previous financial institution.

**Please close this account as instructed below.**

Previous Financial Institution: \_\_\_\_\_

Account Number to be closed: \_\_\_\_\_

Name(s) on account: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**I authorize the closing of my account effective:** \_\_\_\_\_

Please transfer any remaining balance to:

Nusenda Credit Union  
P.O. Box 8530  
Albuquerque, NM 87198  
889-7755  
800-347-2838 (outside the Albuquerque area)

Nusenda Credit Union Routing Number: **307083665**

Account Number: \_\_\_\_\_

Savings

Checking

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name(s): \_\_\_\_\_

*\*Please ensure your account is active with sufficient funds long enough for outstanding checks and withdrawals to clear before closing.*