

Account Closure Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please close this account per my instructions:

Previous Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number to be closed: _____

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

Please send check to:

U.P. Catholic Credit Union (906) 228-7080
1001 West Baraga Ave
Marquette, MI 49855

U.P. Catholic Credit Union Routing Number: 291172844

Account Number: _____

Savings: _____ Checking: _____

If you have any questions, please, call me at: _____

Thank you.

Authorized Signature _____