



Account Closure Request Form

Please close my following account #: Click or tap here to enter text.

Financial Institution Name: Click or tap here to enter text.

Financial Institution Address: Click or tap here to enter text.

Account#: Click or tap here to enter text.

Effective Closure Date: Click or tap here to enter text.

My Name: Click or tap here to enter text.

My Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Please transfer the remaining balance to my Wolverine State Credit Union account.

WSCU Account#: Click or tap here to enter text.

WSCU ABA Routing #: 272476446

Mailing Address: Wolverine State Credit Union

350 N. 2nd St

PO Box 395

Alpena, MI 49707

Signature: _____

Date: _____

**Please submit this form to the Financial Institution where you will be closing your account.