

Account Closure

Please close my: Checking Account
 Savings/Share Account
 Money Market Account

At: _____
 (Current Financial Institution)

Address: _____

Account # _____

Effective Closure Date: ____ / ____ / ____

Transfer the remaining balance, via wire transfer or mail to:

Chicago Municipal Employees Credit Union
33 North LaSalle Street-Suite # 300, Chicago, IL 60602

CMECU Account # _____

CMECU ABA Routing #: 271078094

 Checking Account
 Savings Account

Other, please specify _____

My Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: ____ - ____ - ____

Home Phone Number: ____ - ____ - ____

Daytime Phone Number: ____ - ____ - ____

Signature: _____

Please submit this form to the financial institution where you will be closing your account.