



**505 Division Street, Elizabeth, NJ 07201
908-527-3749 option 2**

Closed Account Request

Name _____

Account Number _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Please close my account and:

_____ Send the balance in my account to my address on file

_____ In Person request

Member Signature

Date: _____