

Step 3

Complete the Switch

Close your account with your existing financial institution and complete the switch.

Please fill out the information below.

Important Information: If you close your new Madison County Federal Credit Union account within 6 months from the date it was opened, you will forfeit your \$5 membership share.

Account Closing Request Information

To Whom it May Concern,

Please close my account described below effective (date) _____

PERSONAL INFORMATION:

Primary Account Holder Name: _____ SS#: _____

Secondary Account Holder Name: _____ SS#: _____

TRANSFER MY ACCOUNT FROM:

Name of Financial Institution: _____

Address: _____

Account Number(s) at Existing Financial Institution: _____

TRANSFER INFORMATION

Please transfer \$ _____

Please transfer the entire balance and close the account

Other _____

Please make this transfer:

Immediately

On this date ___/___/___

Please transfer my funds by Madison County Federal Credit Union by: Mail Wire

BY MAIL: Madison County Federal Credit Union
ATTN: Member Service
621 E. 8th Street
Anderson, IN 46012
765-644-3623
Fax : 765-641-2338

MAILING CUSTOMER APPROVAL & AUTHORIZATION:
I hereby direct you to complete the requested transfer from my existing account to my new account at Madison County Federal Credit Union. Please make the check payable to and note on your check that it is for deposit to:
MCFCU Account # _____

BY WIRE: Contact Madison County Federal Credit Union for details at
765-644-3623

WIRING CUSTOMER APPROVAL AND AUTHORIZATION:
Madison County Federal Credit Union will not charge an incoming wire fee if your current financial institution wishes to send your funds electronically; however, we recommend that you inquire about the fees they may charge for sending it to us. MCFCU Account # _____

Thank you for your immediate attention to this request.