



The Energy Credit Union Limited

Other F.I. Account Closure Request Form

Print and fill in this form, take it to the Financial Institution (F.I.) holding the account you wish to close.

This notice serves as a request and authorization to close my account as designated below.

ACCOUNT INFORMATION:

Account Number _____

Chequing

Savings

Certificate of Deposit

GIC

By signing this form I authorize you to release the remaining funds in my existing account in the form of a draft cheque made payable to me.

Member Signature

Member Signature

Date

Date

Please send receipt of account closure and cheque to my financial institution at the following address:

Payable to me:

First Name

Middle Name

Last Name

Mail cheque to :

**The Energy Credit Union Ltd.
14 Carlton Street
Toronto, Ontario
M5B 1K5**