

To Whom it May Concern:

| Please consider this official notice | to close my a | ccount(s) wit | th your instit | ution. |
|---|---------------|---|----------------|--------|
| Please close account(s): | | | | |
| Effective Date: | | | | |
| Please send remaining balance to | : | | | |
| By Check: DuGood Federal Credit Union P.O. Box 12899 Beaumont, Texas 77726 | | Or Electronically: DuGood Federal Credit Union Routing Number: 313186679 | | |
| Member Name: | | | | |
| Account Number: | Suffix: | | | |
| I understand all checks, automatic debits and other transactions need to clear before closing my account(s). I have already made arrangement to switch any automatic debits and automatic deposits. | | | | |
| If you have any questions about this request, please contact me. | | | | |
| | | | | |
| Primary Owner Name | | | | |
| Street Address | | | | |
| City | | | State | Zip |
| Daytime Phone | | Email | | |
| Joint Owner Name (if applicable) | | | | |
| Street Address | | | | |
| City | | | State | Zip |
| Daytime Phone | | Email | | |
| Χ | | X | | |
| Primary Signature | Date | Joint Signature Date | | |

 Beaumont
 Jasper
 Lumberton
 Mont Belvieu
 Nederland
 Orange
 Port Neches
 Vidor

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