3 close account

Dear			
	Financial Institution Name		
Please close my account #			
and send a check for the remaining balance to:			
Bank-Fund Staff Federal Credit Union			
1725 I Street NW, Suite 150			
Washington, DC 20006-2406			
Please make check payable to:			
Name			
Name	2		
D - 6		_	
Reference/Account Number			
If you have any questions about this request, please contact			
me at	τ		
Thanl	k you for your assista	nce.	
Ciana	huma.		Data
Signa	iture		Date
Co-owner Signature		Date	
Name (please print)			
Co-ov	wner Name (please pr	int)	
Prima	ary Mailing Address		
	,		
City, State, Zip			

