

Account Closure Form

I am moving my **ACCOUNTS** to Novation.

Member Name			Date
Address			
City		State	Zip
Phone		Email	
Please change my account listed b	elow:		
Financial Institution			
Financial Institution Account Number			
Address			
City		State	Zip
Mail the remaining balance of m	y account(s) to my home address above.	
Mail the remaining balance of m	y account(s) to be deposited at Novation:	
Attn:			
Novation Credit Union			
500 Imperial Avenue			
Oakdale, MN 55128			
S	avings	Checking	296076068
Novation Account Number			Novation Routing Number
Signature			Date
Please maintain a balance in your old account to of for insufficient funds. Work with a Novation staff Federally insured by NCUA. Equal Housing Lender.	cover all outs member to d	tanding deposits and withdrawals. Nov etermine when to send this to your pr	vation is not responsible for charges incurred evious financial.

500 Imperial Avenue, Oakdale, MN 55128 www.novation.org (800) 369-6628